VOLUME 38
NUMBER 8

AUGUST
1942

THE CANADIAN NURSE

A Representative Group
at the
Biennial Meeting

See Page 530

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THE CANADIAN NURSES ASSOCIATION

QUESTION: *How would canned infant and junior foods be of value in the feeding program of my baby?*

ANSWER: Well. The very wide variety of available pureed and chopped foods serves as convenient means for the development of good eating habits. The gradual introduction in the diet of the infant of the various "protective foods" in the strained form assists in cultivating a taste for these foods. The chopped foods afford a means of smooth transition from the finely divided foods, which are suitable for the young infant, to the vegetables, fruits, meats, and cereals in the coarse forms as they appear in the diets of the older child and adult.

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(1) 1938, Am. J. Diseases Children 55, 1158.
1939, Hygeia 17, 171.
1940, Calif. and Western Med. 53, 18.
1941, J. Am. Dietet. Assn. 17, 861.
1941, Arch. Pediatrics 58, 40.

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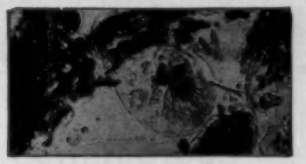
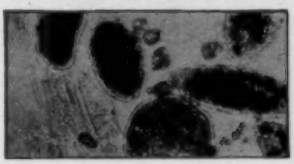
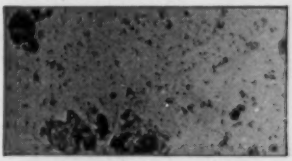


Home-strained vegetables after 2 hours' exposure to human duodenal juice. Dark areas show undigested nutriment after 2 hours. When these undigested food cells pass into the lower intestine, there is probability of fermentation.



Commercially-strained vegetables after 2 hours' in-vitro digestion. Here, also, dark areas show undigested nutriment. Needed nourishment is lost—and intestinal upsets may be caused by **half-digested food fermenting** in the lower intestine.



Libby's homogenized vegetables after only 30 minutes of digestion. Notice absence of dark areas. Little undigested nutriment. All nutriment has been released. Homogenized foods digest quickly and completely. No half-digested food passes into lower intestine to ferment.

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The Fall examinations for qualification as "Registered Nurse" will be held in Montreal and elsewhere on October 26, 27, and 28, 1942.

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Results of examinations will be published on or about December 9, 1942.

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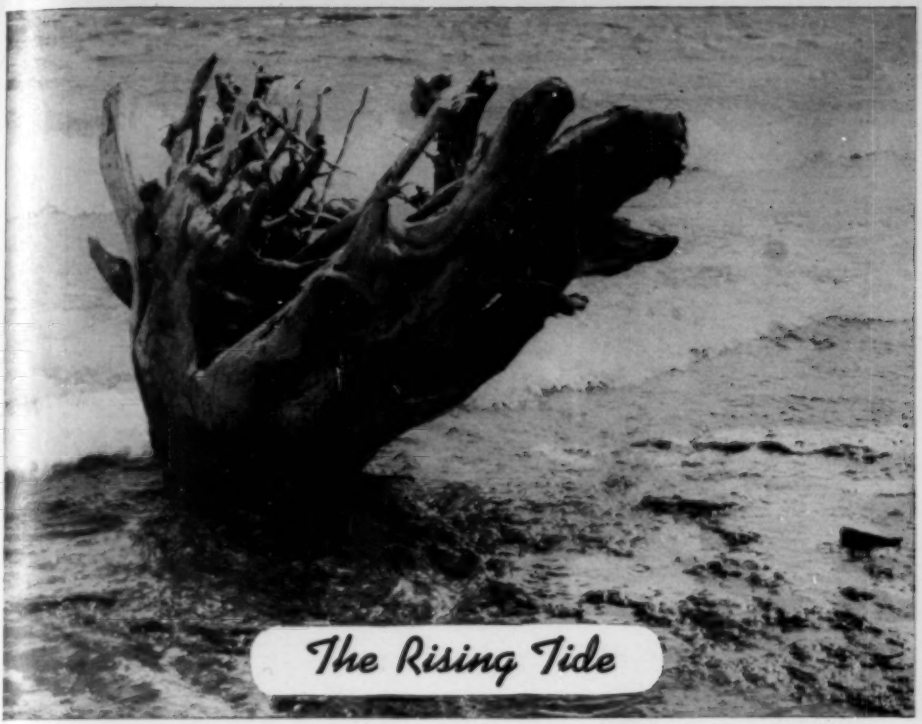

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Reader's Guide

In the leading article we have tried to give you some idea of the eventful **Meeting in Montreal.** If we seem too lyrical, please remember that the story was written at top speed and while we were still under the spell of a memorable occasion. The Watchword was Unity. Let us hold fast to it!

The September issue of the *Journal* will take the form of a **Special Convention Number.** Among the many good things that it will contain are the text of the addresses given by the guest speakers; the material grouped in the official programme under the heading of "Safeguards to Nursing, Present and Future", including the report of the Committee on Education; the important reports which centered about the general topic of "Responsibilities of the Canadian Nurses Association, Immediate and Postwar"; the report of the Emergency Nursing Adviser; and the papers presented at the round table on clinical teaching. Space will not permit of listing other articles and reports of equal value and interest. You will need this *Journal* for reference during the coming months. The supply is limited so be sure you are a subscriber in good standing.

The photograph which adorns the cover certainly portrays **A Representative Group** assembled on a historic occasion. It includes Mlle Marie Pelletier, president of the Jeanne Mance Association, who is wearing the beautiful costume described on page 538. Then, from left to right, come Miss Fairley, president of the Canadian Nurses Association, the Reverend Mother Allard, and Miss Effie Taylor, president of the International Council of Nurses. The photograph was taken on the roof of l'Hôtel-Dieu during the reception given by Les Hospitalières de St-Joseph in honour of the Canadian Nurses Association.

Every branch of nursing service is affected by the war, especially public health nursing. **Mildred Walker** writes of the need of maintaining morale on the home front by helping the families of our fighting men to adjust to new and difficult conditions. Miss Walker is Chief of the Division of Study for Graduate Nurses at the University of Western Ontario and was recently elected president of the Registered Nurses Association of Ontario.

In this issue, the series of "Letters from Sweden" ends with the description of an adventurous homeward journey. The *Journal* is indebted to **Elizabeth Lyster** for allowing our readers to share the experience she describes with so much charm.

Anthrax is a relatively rare disease but **Cecilia Knaggs** who is a private duty nurse had an opportunity of observing it at close range and shares this unusual experience with our readers.

There was never greater need for economy than there is now and every hospital is eager to save time, money and supplies. A good way of doing this is to set up a central dressing room and **Sister Marie Irenaeus** tells us how well this has been done at St. Martha's Hospital, Antigonish, N. S.

"Une visite chez Jeanne Mance en 1672" is written with such delicacy and charm that it defies translation. This subtle evocation of Ville-Marie could only have been written by one who is an inheritor of the honourable tradition of Jeanne Mance and who is also thoroughly versed in the early history of the colony. Because **Mlle Claire Godbout** possesses all these qualifications she has been able to give us this delightful picture of Jeanne Mance in the evening of her life.

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The
CANADIAN NURSE

A MONTHLY JOURNAL FOR THE NURSES OF CANADA
PUBLISHED BY THE CANADIAN NURSES ASSOCIATION
VOLUME THIRTY-EIGHT NUMBER EIGHT

AUGUST, 1942

Meeting in Montreal

Montreal never looked more beautiful than it did during the last week of June. Mount Royal was a mass of living green and the gardens were a riot of colour. Under the stately elms of McGill University, the sailors of the Royal Canadian Navy went through their complicated drill and, against a cloudless blue sky, the great bombers roared by on their way overseas. The streets were gay with flags in honour of Army Week and, to mark the Tercentenary of this noble and historic city, the blue and white banner of the Province of Quebec floated the fleur-de-lys proudly in the summer air.

It was in this glorious setting that the Biennial Meeting of the Canadian Nurses Association took place and, although the war news was disquieting, the spirit of the group was confident and serene. The outstanding feature of this meeting was its unity in both a national and an international sense. Never before have the French-speaking members of the Canadian Nurses Association taken such an active and thoroughly constructive part in its deliberations. Never before have we had the privilege of counting both the President of the International Council of Nurses and the President of the American Nurses Association among our speakers. And last but not least, we had the great pleasure of welcoming as our special guest of honour, the Right Honourable Malcolm MacDonald, High Commissioner for the United Kingdom.

A hearty welcome to the visitors was given by His Worship the Mayor, by Dr. J. C. Meakins, Dean of the Faculty of Medicine of McGill University, and by Monseigneur Olivier Maurault, Rector of the University of Montreal. Miss Eileen Flanagan, president of the Association of Registered Nurses of the Province of Quebec, offered greetings on behalf of the hostess organization, and at this point it seems appropriate to say a word about the excellence of the ar-

JULIA STIMSON
Photo by Blackstone Studios, New York

rangements made by the Provincial Association for the meeting. These were under the general direction of Miss Mabel K. Holt, Miss Catherine Ferguson and Miss Edna Lynch. Only those who have rendered a similar service realize how much thought and effort is required if things are to run with the deceptive smoothness that characterized the various events. A word of appreciation is due to Miss E. Frances Upton who directed registration with her customary efficiency and despatch. Much credit must also be given to the many nurses who gave assistance so ungrudgingly as members of numerous and indispensable committees. The *Journal* is particularly grateful to Madeleine Flander and the other members of the A.R.-N.P.Q. *Canadian Nurse* Committee who were "on duty" at the *Journal* desk throughout the entire week.

Now let us turn to the meeting itself. The registration was large — nearly a thousand — and every Province was represented by its official delegates. A great effort was made to maintain at least a measure of bi-lingualism. Many of the reports were available in mimeographed form in English and French and, when concurrent translation became necessary, some linguistic marvels were performed, especially by the French-speaking members. Mlle Martineau, Mlle Gauvin, Mlle Albert, Mlle Giroux and Sister Valérie de la Sagesse rendered outstanding service in this connection. Indeed they did it so well that a member who speaks both languages fluently was heard to murmur: "The translation was much more lucid and logical than the original statement".

A tribute is also due to the English-speaking nurses who courageously wrestled with the difficulties of the French tongue. At the very outset, Grace M. Fairley set a good example by incorporating a message in French in her presidential address. The response to this friendly gesture was so spontaneous that there could be no doubt that it was sincerely appreciated. The fact that the president of the American Nurses Association, the president of the International Council of Nurses, and the High Commissioner for Great Britain also spoke briefly in French indicated that they were keenly aware of the historic setting in which the meeting took place. The distinguished French speakers who took part in the programme also displayed a similar courtesy.

Having tried to convey something of the genial atmosphere in which the sessions took place, we now offer a brief commentary on their general content. Following the precedent established in former years, the September issue of the *Journal* will contain the full text of the addresses given by the guest speakers, but just a word must be said about them here. Who can forget the dynamic presence of Julia Stimson as she told us the

inspiring story of the part that American nurses are taking in winning the war? "Swell to look at and grand to listen to" was the ungrammatical but sincere tribute paid her by a young and enthusiastic nurse. No wonder the American Nurses Association followed the Rooseveltian precedent and elected her as president for a third term. Nor could there be any doubt about the affection and respect in which we Canadians hold Effie Taylor, president of the International Council of Nurses. We claim her as *ours* by right of birth and we rejoice that her noble and generous spirit guides the I.C.N. during this time of storm and stress for we know that her steadfast faith will never fail or falter.

At one of the evening sessions, Dr. Albert LeSage, Dean of the Faculty of Medicine of the University of Montreal, spoke of the close affiliation of the artist, the sculptor, and the biologist in their interpretation of the deeper meaning of life. Dr. LeSage made effective use of slides showing outstanding work of the modern French school of painters and sculptors and touched on the genius behind the architecture of famous cathedrals. This masterly address was in itself an expression of the noble and cultivated personality of the speaker.

There were several delightful things about the address given by the High Commissioner for the United Kingdom. To begin with, it was given at a ban-

Unveiling of the bronze plaque erected in Notre-Dame Church, Montreal, in memory of Jeanne Mance by the Association of Registered Nurses of the Province of Quebec

RT. HON. MALCOLM MACDONALD

Photo by Karsh, Ottawa

quet which turned out to be quite a gay affair. Mr. MacDonald was ushered in by the skirl of the bagpipes and escorted Grace M. Fairley, as true a Scot as himself. He has the happy knack of establishing immediate contact with his audience and, as he told the gallant story of the heroism of British civilian nurses, it was easy to understand why he made such an excellent Minister of Health. Mr. MacDonald has a clear conception of the practice of nursing and he likes and respects nurses. He knows that nursing is not yet a profession but he is sure that it will become one and he set a high mark for us to aim at.

In September, the *Journal* will also present the comprehensive reports around which most of the proceedings seemed to focus. First and foremost was the report prepared by the Emergency Nursing Adviser, Kathleen W. Ellis, which described her recent activities. This was supplemented by the report presented by her French associate, Mlle Suzanne Giroux, and further amplification was provided by the various provincial advisers. Of equal value was the report of the Committee on Education, presented at a special session by Marion Lindeburgh and other speakers who contributed under different headings to the discussion. Among them were Ruth Thompson, on schools of nursing records; Miriam Gibson, on uniformity in examinations for registration of nurses; M. Blanche Anderson, on postgraduate clinical experience; Rae Chittick, on modernizing the Manual on Home Nursing; Margaret Kerr, on additional teaching material for first-aid instruction; Norena Mackenzie, on the administrative problem; M. Jean Wilson, on clinical teaching and supervision; Madalene Baker, on preparation for the general practice of nursing. Almost all of the problems which came up for consideration at the general meetings seemed to be related to, or to stem out of these reports and the discussion arising out of them. This integration was most significant and goes to prove that nursing service and education are one and indivisible.

Great interest was displayed in the interim report of the special committee on health insurance and nursing service presented by Alice Ahern. The text of the authorized Brief presented to the federal authorities in this connection will be available in the September number. The preparation and placement of auxiliary workers in wartime nursing service proved to be a lively topic. Those participating in its presentation were Fanny Munroe, M. Blanche Anderson, Eileen Flanagan and Evelyn Mallory. The importance of maintaining close co-operation with the Canadian Red Cross Society was stressed repeatedly and Miss Norena Mackenzie, nursing

supervisor, Canadian Red Cross Society, made some interesting comments on her activities in the field. Miss A. Edith Fenton, recently appointed as nursing adviser to the Ambulance Committee of the St. John Ambulance Brigade, expressed the hope that the excellent relationship now existing between the Canadian Nurses Association and the Order will be maintained and strengthened.

In order to save time, it was found necessary to hold the meetings of the three Sections concurrently. It is to be hoped that, somehow or other, this unsatisfactory compromise may be avoided in future. The meetings of each Section should be so planned as to make it possible for the members of the other Sections to attend. All we managed to get was a tantalizing glimpse of the three-ring circus, so we shall have to wait until the manuscripts come in — and even then we shall not have had the benefit of the informal discussions. As Miss Stimson told us, the Canadian Nurses Association is extremely fortunate because it embraces all branches of nursing service. Let us make sure that the Sections can "listen-in" on each other. Programme Committee for 1944, please note!

In a very special sense, this Biennial Meeting was profoundly significant to those whom Mr. MacDonald spoke of as "Jeanne Mance and her inheritors". The afternoon spent at the Hotel-Dieu as the guests of the Reverend Mother

Reception on the roof at l'Hotel-Dieu

Rev. Soeur Valerie de la Sagesse and Nursing Sister S. Giroux

Allard and les Hospitalières de Saint-Joseph was a living page in the history of nursing in Canada. As we entered the Cloister gate and walked through the garden to the museum the centuries faded away and we found ourselves in the colony of Ville-Marie. All about us were the treasures of another world than ours—lovely pictures, exquisite embroidery, delicate china—lovingly cherished, beautifully displayed. Priceless manuscripts were there for us to read, among them a letter from Jeanne Mance herself, much more precious to us as nurses than even the Charter of the Hotel-Dieu, signed by Louis the Fourteenth in his own royal hand. The old bell, once used as an alarm when the Iroquois threatened the hospital, still hangs in the cloister and the Reverend Mother set it vibrating gently as the President of the International Council of Nurses and the President of the Canadian Nurses Association stood beneath it. As will be seen by the accompanying illustration, tea was served on the roof of the Hospital. Everywhere you will note the gracious figures of the French-speaking nurses, wearing the costume of Jeanne Mance. These dresses were made of soft grey silk, with very full skirts and close fitting bodices. The white capes were made of the same material as the cap, and were worn with characteristic grace and distinction.

As in other years, the Sunday preceding the General Meeting was devoted to religious services. In the evening, those of us who belong to the Protestant faith assembled at Christ Church Cathedral for Evensong and heard a most inspiring message from the Very Rev. Dean Dixon. In the morning, a Pontifical Mass was celebrated at the Church of Notre-Dame, one of the oldest parishes in Montreal, to which Jeanne Mance herself belonged. The many stained glass windows portray the exploits of the pioneers and one is specially dedicated to her memory. At the appointed hour, a glorious burst of music came from the organ and the strains of "Land of Hope and Glory" rang out in triumph. The procession of ecclesiastical dignitaries, robed in magnificent vestments, was most impressive and, as the Mass reached its climax in the Elevation of the Host, a solemn hush pervaded the whole church. At the conclusion of the service, the procession paused before the Jeanne Mance window and a memorial plaque immediately beneath it was consecrated by His Excellency, Mgr. Joseph Charbonneau, Archbishop of Montreal. This ceremony was witnessed by the Rev. Mother Allard, the President of the Canadian Nurses Association, the Matron-in-Chief in Canada of the Nursing Service of the R.C.A.M.C., and the president of the Association of Registered Nurses of the Province of Quebec. The plaque is both beautiful and dignified and was sculptured in bronze by Alice Nolin. It shows Jeanne Mance in profile and was the gift of the Association of Registered Nurses of the Province of Quebec.

Elsewhere in this issue of the *Journal* you will find a delightfully imaginative

sketch written by Mlle Claire Godbout. It tells of a visit paid to Jeanne Mance in 1672 by Monsieur Dollier de Casson and of her emotion when she was told that one of the five foundation stones of the new church, then under construction, was to be laid by her, in the name of the Gentlemen and Ladies of the Society of Notre-Dame of Montreal of which she was the only surviving representative. Two hundred and seventy years later her own name was to be honoured by thousands of Canadian nurses in the great Church which replaced that earlier structure.

After reverently inspecting the memorial plaque, the vast congregation trooped out into the sunshine which flooded the Place d'Armes, and nurses in their gay summer dresses went over to look at the Maisonneuve statue. The steps of the Church were crowded with nuns wearing the distinctive habit of many religious orders. In the background were the ancient grey walls of the monastery of the Gentlemen of St. Sulpice. It was in this Church that Jeanne Mance prayed that her heart should find eternal rest. Where the treasure is, there shall the heart be also.

Another scene that will long be remembered, especially by those who took an active part in it, was the conferring of the Mary Agnes Snively Memorial Medals. These were presented on behalf of the Canadian Nurses Association to Grace M. Fairley and E. Frances Upton by Elizabeth L. Smellie, C.B.E., R.R.C., LL.D., first vice-president of the Association. Miss Smellie spoke with deep feeling of the inspiring example set by the woman in memory of whom the Medal has been named. A storm of applause greeted each recipient as she stepped forward to receive the highest honour which the Association can confer upon its members. There was much regret that Eleanor McPhedran was

EILEEN FLANAGAN
President, Association of Registered Nurses of the Province of Quebec
Photo by Rice, Montreal

ALENA J. MACMASTER
Retiring Honourary Treasurer of the Canadian Nurses Association

not able to be present but it was explained that, on her way to Montreal, the President of the Canadian Nurses Association had presented the medal to Miss McPhedran in Calgary at a delightful social function arranged under the auspices of the Alberta Association of Registered Nurses.

All things must come to an end and, after a crowded and most inspiring week, the meeting drew to its close. Grace Fairley clasped hands with Marion Lindeburgh thereby relinquishing the joys and sorrows of her high office to her successor. The first official act of the new President was to pay a sincere and moving tribute to her predecessor. Miss Lindeburgh said that, throughout her four years of office, Grace M. Fairley had never failed to give generously of her best. She richly deserves the Snively Medal for she has displayed insight, wisdom and tolerance. Her diplomacy and tact as well as her unfailing optimism and humour were of infinite value during a trying and critical period. The other officers then took their places on the platform amid enthusiastic applause. They are Grace M. Fairley, past president; Marjorie Buck, first vice-president; Fanny Munroe, second vice-president; Rae Chittick, honorary secretary; Marjorie Jenkins, honorary treasurer. Under their capable direction, the Canadian Nurses Association will go forward with confidence and hope along the steep upward path which lies before us.

— E. J.

The New President of the C.N.A.

MARION LINDEBURGH

Photo by Jacoby, Montreal

On June 26th, 1942 at the General Meeting in Montreal, Marion Lindeburgh was installed as the new President of the Canadian Nurses Association.

Miss Lindeburgh is known in all parts of Canada for her work in the field of nursing education, but it is above all as a person that she makes a lasting impression upon all who are fortunate enough to work or play with her. Her early years were spent in Saskatchewan where she became a successful teacher before entering the School of Nursing of St. Luke's Hospital in New York City during the World War in 1916. From the beginning, her enthusiasm, her willingness to work and her teaching experience marked her as a potential leader. She graduated in 1919 and served St. Luke's successively as head nurse on the medical and surgical wards before her appointment as night superin-

tendent, a position which she held for two and a half years.

Miss Lindeburgh then returned to Saskatchewan to pioneer in the field of school health work, at first in the grade schools and later in the Normal School at Regina as instructor in health. Her experience, her understanding of the rural teacher's problems and her knowledge of conditions in rural schools and homes, made her work particularly effective. Not a few nurses in Canada today trace their first interest in nursing to their contact with Miss Lindeburgh as normal school students or as young teachers in the field. For her, the end of term did not mean freedom from work, but rather an opportunity to get into the schools to help the teachers already in the field. One particularly memorable summer was spent in making a survey of health conditions in the remote northern part of Saskatchewan. Her experiences during that time, when she travelled for weeks by canoe with an Indian guide as her only companion, would outrival a Hollywood "thriller".

During those busy years, an ability to work while she worked and play while she played, enabled her to make the best use of any leisure time. In the winter, badminton of tournament calibre kept her in form while in summer, as a member of the Alpine Club, she rode the trails and mastered the stiffest climbs in the Rockies. To this day she can recount with all the requisite pantomime the effects of the first few days out! The end of the season found her long of wind, hard as nails and brown as an Indian, ready for another year of strenuous work. Those weeks on the summits and in the valleys may have some bearing on her ability to take the long view in nursing as in other matters.

In September 1929 Miss Harmer, who had known Miss Lindeburgh at St. Luke's, was able to persuade her to leave the West and to join the staff of the School for Graduate Nurses at McGill University. Never satisfied with half measures, Miss Lindeburgh set about preparing herself for her new work and in spite of her teaching schedule, completed the requirements for the Bachelor of Science Degree which she received from Columbia University in 1932.

After the presentation of the Weir report at the St. John meeting in 1932, Miss Lindeburgh was named chairman of the Curriculum Committee of the Canadian Nurses Association. A period of four years elapsed before the "Proposed Curriculum for Schools of Nursing in Canada" was published as a goal toward which nursing schools are still striving.

The organization of the Curriculum Committee to include representatives of all provinces and of each field of nursing service marked a turning point in educational planning for out of this experience grew the framework for the permanent Committee on Nursing Education which replaced the original Curriculum Committee. As the first chairman of the Committee on Nursing Education, Miss Lindeburgh strengthened the earlier work on the undergraduate curriculum by the publication of a supplement which emphasized the improvement of teaching in the clinical field.

When Miss Harmer died in 1934, Miss Lindeburgh assumed responsibility for directing the McGill School for Graduate Nurses during a very difficult time in its financial history. In spite of the tremendous volume of work involved in this task, time was found for holding office in the Canadian Nurses Association, securing a Master of Arts degree from Columbia University and contributing to innumerable refresher courses from coast to coast. It is diffi-

cult to decide whether her greatest influence is as an inspiration to countless students in emphasizing the need for "quality nursing" and "the patient point of view", or through the committee work which has been a very vital force in raising the standard of nursing education and nursing service in Canada.

A brief sketch of this nature can only suggest the qualities which the new President brings to the task which she shares with the other members of the Executive Committee, that of directing the course of professional nursing in Canada during the next two years. Suffice it to say that in taking her place in the lengthening line of outstanding women who have shaped the policies of the Association, Miss Lindeburgh brings not only rich experience and proven ability for leadership but boundless energy, a fine faith and indomitable courage as well. At a time when hard-won standards must be maintained in addition to building new strengths for the future these qualities take on added significance.

MARY S. MATHEWSON

Forty-Eight Hours in Prince Edward Island

Having been duly advised by the representatives from Prince Edward Island that a visit to "the Island" might be restful rather than eventful, the invitation to pay one following the activities of a biennial convention was secretly welcomed by the Emergency Nursing Adviser before taking up sterner duties that stemmed out of the deliberations of the week of June 21.

After two very interesting days spent in Pictou at a joint meeting of the Maritime Hospital Associations, now one organization, the Adviser drifted pleasantly across the Northumberland Straits. Plans made by the energetic President of the Prince Edward Island Registered Nurses Association, Miss Katharine MacLennan, and the Provincial Adviser, Miss Anna Bennett, included a visit to the Principal of the Prince of Wales College and a more formal one to the Premier of the Province and his Executive Committee. All of these dignitaries listened graciously to the presentation of conditions affecting nursing service in the present crisis. They assured the delegates of their sympathetic support and expressed appreciation of the replies given to some of their pertinent inquiries regarding contributions made to date by the nurses of Prince Edward Island. The Deputy Minister of Health signified his interest by accompanying the delegation and endorsing the picture which they presented.

Sandwiched in between these visits was one made to the historic Federation Chamber. Here, as a representative of the Canadian Nurses Association, the Adviser was invited to sign in the book provided for the signatures of Their Majesties the King and Queen when they visited Canada, and with the pen which they used. Both book and pen now only appear by special arrangement.

In the afternoon a delightful visit to Government House was included. Addresses were given in the afternoons and evenings of both days, at Charlottetown and Summerside respectively. These afforded opportunities to meet lay groups, representing leading organizations, and professional ones. The Adviser was privileged to speak at a meet-

ing of the provincial medical association and to suggest the importance of close co-operation between doctors and nurses in the present crisis. It was also made possible to give a radio broadcast on the second morning and courtesy visits were paid to the three schools of nursing on the Island, when the Adviser was most cordially received. An air raid precaution practice at Summerside was an unexpected but interesting experience.

Luckily for the Adviser this "uneventful visit" was followed by two days' rest so definitely invited by the alluring surroundings. Kind friends made sure that they shared with her "sun and fun on the sands", a visit to a famous fox farm, the notorious magnetic hill and other beauties of this England of Canada—the Cradle of Confederation. Preparations for this visit indicated true interest and inspiring leadership that assuredly nurses on the Island appreciate and are prepared to follow, as they readily supported a program that may well serve as a challenge for further developments.

KATHLEEN W. ELLIS
Emergency Nursing Adviser
Canadian Nurses Association

Response from the Federal Government

The welcome news has just been received that the Federal Government has made a grant of $115,000 to encourage and aid efforts to meet urgent requirements for providing adequate national nursing service. This grant is the response to an appeal made to the Government by the Canadian Nurses Association in November of last year.

The Canadian Nurses Association is sincerely grateful to the Honourable Ian MacKenzie, Minister of Pensions and National Health, and to the members of his Department, for a most courteous hearing and for the invaluable advice and assistance that has been freely given to the delegates of the Association who on several occasions have been afforded the privilege of conferring with them. The Minister has manifested a clear comprehension of the existing national nursing crisis and of its possible effect upon the health and welfare of the people of Canada. There can be no doubt that this sympathetic and understanding attitude on the part of the Minister had a great influence in this grant being made.

It will be understood that, at this stage in the proceedings, full details of the conditions under which the money will be distributed cannot yet be announced. The fund will be administered, on the approval of the National Director of the Public Health Services of the Federal Government, through the Canadian Nurses Association. This trust places a heavy responsibility upon our members since no sum, however large, could possibly meet every legitimate need. It will be necessary that a careful study be made in order to determine the allocation of funds and, in this study, the Provincial Associations of Registered Nurses will be expected to participate.

The Federal Government may be assured that we, the members of the Canadian Nurses Association, are both ready and willing to do everything in our power to show our appreciation of this timely help. We accept with courage

and confidence our share of the task of providing skilled and competent nursing care for the people of Canada. Never before have the nurses of Canada received such recognition of their contribution to national service. The Federal Government has demonstrated its faith in their competence and ability to serve. Therefore, in accepting this assistance they do so with the assurance that all nursing organizations will realize the responsibility placed upon them and the definite challenge that it presents.

MARION LINDEBURGH
President
The Canadian Nurses Association.

A New Liaison Officer

Announcement is made of the appointment of A. Edith Fenton as secretary to the Ambulance Committee of the Saint John Ambulance Brigade. Miss Fenton will act as advisor to the Ambulance Committee on all nursing problems and will help to maintain contact with the Canadian Nurses Association. She is a graduate of the School of Nursing of the Hospital for Sick Children, Toronto, and subsequently took a course in public health nursing in the Toronto University School of Nursing. After serving on the staff of the Public Health Department of Toronto, Miss Fenton was associated for two years with the work of the Massachusetts-Halifax Health Demonstration which did so much to repair the ravages of the disaster which wrecked Halifax during the first Great War. In 1925 she was appointed superintendent of the Dalhousie University Public Health Clinic, a position which she held until shortly before her present appointment was made. Miss Fenton has taken an active part in nursing organizations and has held office in various capacities in the Registered Nurses Association of Nova Scotia. She is fond of out-door sports and has many interests outside the professional field.

A. EDITH FENTON
Photo by Karsh, Ottawa

The St. John Ambulance Brigade is to be congratulated upon appointing a well prepared nurse to act as liaison officer between the Order and the nursing profession. We shall thus be able to work more effectively together for the safety and protection of the Canadian people.

Notes From the National Office

Contributed by JEAN S. WILSON,
Executive Secretary, The Canadian Nurses Association

General Meeting 1942

The news story of the Biennial Meeting of the Canadian Nurses Association appears in this issue of the *Journal* and gives the highlights of this most successful event. The September number will contain the full text of the principal addresses and reports as well as a summary of various important recommendations.

The officers elected for the biennium 1942-1944 are: President, Miss Marion Lindeburgh, Director of the School for Graduate Nurses, McGill University, Montreal; First Vice-President, Miss Marjorie Buck, Superintendent, Norfolk General Hospital, Simcoe, Ontario; Second Vice-President, Miss F. Munroe, Superintendent, School of Nursing, Royal Victoria Hospital, Montreal; Honourary Secretary, Miss Rae Chittick, Instructor in Health Education, Provincial Normal School, Calgary, Alberta; Honourary Treasurer, Miss Marjorie Jenkins, Superintendent, Children's Hospital, Halifax, Nova Scotia.

The officers of the three National Sections are: *Hospital and School of Nursing Section*: chairman, Miss Miriam Gibson, Instructor, School of Nursing, Hospital for Sick Children, Toronto, Ontario; first vice-chairman, Miss E. G. McNally, assistant superintendent, Brandon General Hospital, Brandon, Manitoba; second vice-chairman, Miss Martha Batson, Instructor, School for Nurses, Montreal General Hospital, Montreal, Quebec; secretary-treasurer, Miss Flora MacLellan, Instructor of Nurses, Ontario Hospital, New Toronto, Ontario. *General Nursing Section*: chairman, Miss Madalene Baker, London, Ontario; first vice-chairman, Miss Pearl Brownell, Registrar, Doctors' and Nurses' Registry, Winnipeg, Manitoba; second vice-chairman, Miss Mabel McMullen, St. Stephen, N.B.; secretary-treasurer, Miss Agnes Conroy, 404 Regent St., London, Ontario. *Public Health Section*: chairman, Miss Lyle Creelman, Director, Public Health Nursing, Vancouver, British Columbia; vice-chairman, Miss A. Martineau, école d'Hygiène sociale appliquée, Université de Montréal; secretary-treasurer, Mrs. Geraldine Langton, Department of Nursing, University of British Columbia, Vancouver, British Columbia.

British Nurses Relief Fund

Contributions to the British Nurses Relief Fund have been received from:

British Columbia:	
Victorian Order of Nurses, Oliver	$ 7.00
Manitoba:	
Brandon Graduate Nurses Association	200.00
General Staff Nurses, Winnipeg General Hospital	50.00
Registered Nurses of Souris	86.00
Nursing & Medical Staff, King George Hospital	30.10
The War Amputations of Canada	15.00
Sheas Winnipeg Brewery Limited	100.00
A. A., Winnipeg General Hospital	206.55
Misericordia Hospital	40.13
A. A., Victoria Hospital	8.50

Flin Flon Graduate Nurses Association	25.00
A. A., St. Boniface Hospital	29.50
Individual donations from nurses of the Province	42.75
Nova Scotia:	
Halifax Group, Royal Victoria Alumnae	2.25
Halifax Branch, R.N.A.N.S.	14.75
Lunenburg Co. Branch, R.N.A.N.S.	10.00
Ontario:	
District 1:	
Student Nurses, Sarnia General Hospital	10.00
Districts 2 and 3:	
Nursing Staff, Stratford General Hospital	34.00
District 4:	
Student Nurses, Niagara Falls General Hospital	47.00
District 5:	
A.A., Toronto General Hospital (for May, July, August)	525.05
A.A., Toronto East General Hospital	25.00
A.A., Royal Victoria Hospital, Barrie	40.00
Miss Beatrice Longstreet & group of nurses	12.00
Matron & Nursing Sisters, Military Hospital, Camp Borden	20.50
Nursing Sisters, Toronto Convalescent Hospital	10.00
Nursing Sisters, Toronto Military Hospital	23.00
Staff Nurses, Toronto Hospital, Weston	8.50
Professional Women's Association, War Charities Committee, Toronto Hospital, Weston	25.00
Graduate Staff, Hospital for Sick Children, Toronto (city and country branch)	30.00
Superintendent of Nurses and Supervisors, Toronto East General Hospital	8.50
District 6:	
Peterborough nurses	15.25
A.A., Ross Memorial Hospital, Lindsay	7.00
District 8:	
A.A., St. Luke's Hospital, Ottawa	160.00
District 9:	
Individual contributions	2.00
Nurses of District 9, New Liskeard	150.00
District 10:	
Nurses of Fort William Sanatorium	10.00
Nursing Staff, Little Long Lac Hospital, Geraldton	12.00
Prince Edward Island:	
Prince Edward Island Hospital	30.00
Prince County Hospital	30.00
Quebec:	
A.R.N.P.Q.	1000.00

A Timely and Generous Gift

Within the past few weeks the directors of several Departments and Schools of Nursing in Canadian Universities were both surprised and delighted to receive the following letter from Mr. Emory Morris, director of the W. K. Kellogg Foundation, Battle Creek, Michigan, U.S.A.:

The Foundation has been studying the problems in nursing schools created by the war effort and is desirous of assisting selected schools in preparing additional nurses whose services will be available principally for the various military services. We are familiar with the type of assistance that has been provided by the United States Public Health Service to nursing schools. We are not quite as well acquainted with the problems and programs in Canada. Our Canadian friends, however, have advised us that students in the Canadian schools face problems similar in every respect to those on this side of the border. Our interest is primarily in the student who needs a loan or scholarship to enter or maintain herself in a school of nursing. We believe that it is a matter of great importance to the nation that the present stream of professional women in nursing be maintained at a maximum.

The Foundation is, therefore, offering a grant of $4,000 to your school of nursing to be used for loans or scholarships for nursing students. Conferences with the deans of nursing schools reveal many differences in the needs of nursing schools and some differences of opinion as to the relative merit of student loans and scholarships. We are trying to make these funds as valuable to you in your own situation as we possibly can. We feel that loan funds will help the greatest number, however, we would be willing to have you utilize not to exceed $1,000 of this amount for scholarship funds if you care to so specify.

Funds granted by the Foundation under this plan will be in the nature of a gift to the school and will not be returned. Loan funds should be set up and payments on the loans made to the school, thus providing a continuing or revolving fund. The Foundation is satisfied to leave the matter of scholarships entirely in the hands of the school to use whatever machinery is customary and proper. We would have nothing to do with the selection or approval of the candidates. We would, however, ask that we be furnished with a brief summary of the individual's qualities and circumstances after the scholarship has been awarded.

We would, of course, expect the scholarships to be granted on the basis of scholastic ability, character, and need in comparison with other applicants. It is our hope that money so used will be chiefly for the purpose of encouraging exceptional students otherwise unable to enter the field of nursing. This would mean that preference would be given to first-year scholarships. Assistance might also be given to pre-nursing students whose admission has been approved. The only restriction we would place on the fund would be that scholarships should not amount to more than $300 to any one student in any year.

Money set aside for loan funds would be governed by the usual procedure at your school. We would request, however, that should interest be charged for these loans it not exceed 2½% per annum.

Should this offer prove to be of value in the special circumstances at your school, a formal application should immediately be made to the Foundation. This should be signed or endorsed by the president of your university. It should: (a) state the amount of your request up to a total of $4,000; (b) state exactly how the check should be made out; (c) specify the proportion of the total you will set aside for loan funds and the proportion for scholarships (not to exceed $1,000); (d) contain a brief statement of the conditions under which loan and/or scholarships will be granted; (e) contain a statement agreeing to furnish the Foundation with the name and a brief case history of each individual receiving a scholarship; (f) include a statement of the number of nursing students now receiving aid from university loan or scholarship funds; the maximum, minimum, and average amounts of these loans or scholarships; and the total amount now available for these purposes.

It is recognized that a grant of this size is not sufficient to take care of the problem for the duration. It is hoped, however, that it will be large enough to tide your students over the immediate period of adjustment. Perhaps the example of the Foundation's aid can be used to stimulate other individuals and organizations to help with this serious problem in this time of great national emergency.

We will ask you sometime after the first of September to give us another report on your problems in this connection. Should circumstances warrant such action at that time, the Foundation may be able to extend further assistance along this same line. The Foundation will not be able to assist in problems of institutional financing. Our interest is limited to the subject of student aid. In the meantime, if you have special situations that you would like to call to our attention, do not hesitate to do so.

You may be interested to know that the Foundation has made this or a similar offer to nearly 115 schools of medicine, dentistry, and public health in this country and Canada. I need not urge you to reply promptly if your school is interested.

We stand in due need of financial help in preparing our young nurses for leadership and the value of this gener-

ous and timely gift is so great that it merits and will receive the ardent appreciation of the nursing profession. The W. K. Kellogg Foundation has followed the noble example set by similar institutions in the United States in extending its benefits to Canada. We welcome this tangible proof of American friendship and we offer the Foundation our most profound and sincere gratitude.

A Bright Idea

This is how one group of nurses plans to solve the shortage of nurses in their local hospital. In response to the appeal made by the Provincial Association, a large number of inactive nurses met to discuss the problem and consider how best it could be dealt with at the Kootenay Lake General Hospital, Nelson, B. C. You will realize that the difficulties of leaving a home and small children are many. The present hospital schedule makes it necessary to be absent from 6.30 a.m. until 7.30 p.m. the two hours leave during the day being of no value to those living at a distance. Such a routine would be impossible to all of us but many feel they could arrange for a daily period of four hours — perhaps more or less according to hospital needs. A fee of fifty cents an hour with no maintenance was agreed upon, and any meals required are to be paid for at the rate of thirty-five cents which is granted to special nurses.

No sliding scale of wage was considered as an inducement for full-time employment, since that is not our wish, and the hospital already offers its own monthly rate which any nurse may accept if she so desires. It is requested that no call be made for less than two hours or more than eight consecutive hours in twenty-four. In the event of emergency, such as air raid or epidemic, our services would be placed at the disposal of the Red Cross and the medical authorities but, in present conditions, which may prevail over a long period, only a portion of time can be spared from our homes and families.

The hourly duty nurse will make it possible for the hospital to operate with a skeleton permanent staff, whose duties may lighten from time to time, and thus easily and quickly adapt its services to fluctuations in ward work. Since we require no maintenance, holidays, sick leave, or hospitalization, unless through accident or illness directly due to our duties, hourly duty nursing would appear to be an economical solution to a difficult situation.

We have at present fourteen nurses who are prepared to work under this scheme, thus assuring a daily service of fifty-six hours, and we are confident this can be greatly increased from the large pool of nurses in this district. We are all graduates, registered or resigned in good standing who, though inactive for various periods of time, we know will give much better care to the sick than inexperienced ward aides.

Not only as nurses do we feel called upon to answer this appeal for assistance but also as citizens of Nelson we believe it is imperative to maintain the high standard of this institution so vital to our community.

CHARLOTTE HOMERSHAM
(*née, Charlotte Collins*)
Graduate of the School of Nursing of the Kootenay Lake General Hospital, 1923.

A New Appointment

Miss Olive Waterman has recently been appointed superintendent and director of nursing education in the McKellar General Hospital, Fort William, Ont. Miss Waterman is a graduate of the School of Nursing of the Nicholls Hospital, Peterborough, and has had considerable experience in both administration and teaching. For eight years she rendered excellent service as superintendent of the Soldiers Memorial Hospital at Orillia. Her former colleagues and her many friends wish her all success.

HOSPITALS & SCHOOLS *of* NURSING

Contributed by the Hospital and School of Nursing Section of the C. N. A.

A Central Dressing Room

SISTER MARIE IRENAEUS

At St. Martha's Hospital, Antigonish, plans have been carried out to convert the central linen room into a central service. A spacious room 29 x 14 x 12 ft. is situated conveniently to the surgical floor and is on the second floor in the main building. As you enter, your progress is impeded by a counter which is four feet high and has a ledge about one foot wide. The main purpose of this counter is to serve students and doctors with their requirements, and to prevent over-crowding of the room. A long window faces the west and the north and, on your left, there are two divisions of open shelves with closed cupboards above; each division is comprised of five long shelves, which are subdivided into sections according to equipment. On your right, a portion of the wall space is utilized in a large cupboard in which the stock solutions and supplies are kept. The autoclave is in the centre and, in the northwest corner, we have a large sink. A long work table runs the entire length of the room with just enough available space to pass at either end; this has cupboards and drawers which provide for the storage of sterile towels, oil silk, syringes, compress basins, etc. Near the east wall we have the oxygen tank, Tomac evacuator, and a small instrument sterilizer. The surgical carriage is placed on the south side, while on the east we have the supervisor's desk.

Central service is not a new idea by any means, but for us it was a new venture, and we had our occasional skeptic and scoffer at the beginning. We have had an abundance of cooperation from the superintendent, doctors and nurses, without which no idea, however sound or impregnable, can live. We would like now to give a brief resumé of the equipment carried by this department:

Surgical Section: 5 surgical dressing trays (12 packs); 2 suture trays (12 packs); 1 suturing tray (1 pack). Clip removers and appliers are kept in a solution of lysol and alcohol and when necessary placed in a surgical or suturing pack.

Veinocolosis Section: 2 intravenous trays (7 packs); 1 blood transfusion tray (1 pack); 1 Neo-Salvarsan tray.

Treatment Section: 2 catheter trays (8 packs); 2 bladder irrigation trays (2 packs); 2 stupe trays; 1 burn-treatment tray; 6 ether trays; 6 douche trays.

Special Treatment Section: 1 spinal puncture tray; 1 aspirating tray; 2 eye irrigation trays; 2 ear irrigation trays; 1 nasal packing tray; 2 nasal feeding trays.

Miscellaneous Section: Steam inhalators; hot packs (body or limb); rubber goods and oil silk; hot water bags; ice caps; ice col-

lars; air rings; binders; laparotomy stockings and O. R. caps.

We have noted in our hospital that, as most of our extensions are applied in the rooms or wards, it is more convenient to get the Buck's extension apparatus from this department. Plaster bandages and metal splints are usually applied in the operating room.

We supply all the departments of the hospital with the exception of the operating room and the obstetrical department as these are independent units. We carry a staff of supervisor, three senior nurses and a probationer when possible. Two nurses and the probationer work the 7-3 shift while the third senior works the 3-11 shift alone. We arrange that there will be somebody present at all times, and we can say without boasting that we have given excellent service to doctors, patients and staff.

The supervisor is responsible for the supervision of all work of the staff, such as dressings, treatments, care of goods, preparation of intravenous solution, and the initiating of new students as they come in. For the first two weeks the senior nurse who is on duty from 7 a.m. to 3 p.m. has charge of the junior nurse in doing small dressings, irrigations and compresses that do not require constant supervision. She is also responsible for doing dressings with doctors. For the first two weeks of the 7-3 shift, the junior nurse accompanies the interne in doing dressings, intravenous or other treatments. At the end of the first two weeks the order is reversed and the junior goes with the doctors while the senior assumes her responsibility. The probationer fills out floor supplies, solutions, and helps with the care of the instruments. She is taught to handle sterile supplies and becomes more conscious of her technique when she is permitted to give treatments herself. The 3 to 11 nurse has general responsibility for everything after 7 p.m. The nurses following this schedule look after all compresses to operative incisions. It is also their responsibility to do all sterile preparations for surgery, but they are not responsible for the unsterile preparations.

We know the word itself is ominous but what report would be complete without the statistics? Now briefly, let us compare the figures on the decentralized and central systems.

Decentralized System	*Centralized System*
1939-40	1940-41
86 rolls adhesive	54 rolls adhesive
100 rolls cellulose	54 rolls cellulose
90 rolls gauze	54 rolls gauze
75 gallons lysol	26½ gallons lysol
2 gallons alcohol	1 gallon alcohol

Many more instances could be cited of the wonderful economic value of this tried system, but apart from this, it has proved to be of untold educational worth. The students have learned much that will be of considerable help to them as they move on to take their place in the operating theatre.

Special Convention Number!

The September issue of *The Canadian Nurse* will be a Special Convention Number, twice the usual size, and will contain the addresses and reports given at the Biennial Meeting of the Canadian Nurses Association. You just can't afford to miss it — so make sure that you are a subscriber in good standing or else renew immediately. The supply is limited!

PUBLIC HEALTH NURSING

Contributed by the Public Health Section of the Canadian Nurses Association.

Public Health Nursing in Wartime

MILDRED I. WALKER

In war as in peace, the aim of public health nursing is to assist the family as a unit to achieve maximum health and to maintain self-dependence. The method of achieving this objective is changed however in a nation at war. Therefore it is wise to review our program frequently and carefully to meet adequately the new needs of the family and individuals.

In Canada, in peacetime, the family unit, our smallest democracy, was fairly stationary and stable so that in an established health program the nurse could predict her services to a reasonable degree. But in time of war, in addition to the percentage of the population who are carrying on established activities, we have in our country today many families and individuals who are constantly moving and are attempting to find space to live in congested areas where there are housing shortages and inadequate services in other ways. These are the families who wish to reside near the father and husband in the fighting forces or in war industries. Because of the lack of a fixed abode, conflict and insecurity is created in the members of the family. It also causes school health services to be overtaxed and even disrupted due to the turnover in the population. The efficiency of a disease prevention program is unpredictable because it is difficult to know those who are susceptible in these changing groups and to make plans for immunization and health education. Due to their short stay in the community, many of them are unable to benefit by services offered by the municipality to permanent residents. Also, living near military camp areas, are large numbers of young mothers of future Canadian citizens who require health supervision.

Solidarity of the family is essential to the morale of the father who has enlisted in the military service for the defence of his country and his loved ones. The valiant wives and mothers in these homes are endeavouring to solve their problems alone where formerly the husband and wife solved them together without help from outside the family unit. The public health nurse has, along with her health teaching, a notable service to offer in wise guidance and counselling so that the letters reaching the husband, many days and weeks distant, will be full of cheer and courage. These families must be made aware of the facilities available and the nurse in her educational program must create in them a desire and a felt need for the services she has to offer.

It is essential to the morale of the

fighting forces to be assured of ample supplies and, therefore, the very highest efficiency is required in our war industries. The public health nurse, in the industrial plant and in the community, must know the twenty-four hour schedule of the households from which come these men and women who must work with continued precision and endurance along the assembly lines. The family health program should provide for ample rest, recreation, good nutrition, and a minimum of conflict in the plant and in the home. It must also include a carefully worked out plan of child care for which a knowledge of home conditions learned through home visiting is imperative, whether the mother is in the home or in industry.

As health and economy are two of our strong weapons in a successful war effort, we must be ready and willing to realign community services objectively so as to stretch them to the fullest capacity to meet new and changing needs. At the same time, we must safeguard standards, especially in the quality of the professional services offered and the nurse must have qualifications comparable to the functions required of her. It is also economical to apply the techniques of inter-agency co-operation in family service and it has been suggested that public health agencies should amalgamate to the extent of having only two agencies in the community, one private and one public agency. If this is not feasible, then let us plan our services around the individual or the family as a whole, discontinuing as far as possible the former custom of dividing them up chronologically, or according to diseases or handicap, which is so wasteful of much needed resources unless the jig-saw puzzle of agencies fits smoothly. This is more easily done on paper than in an actual life situation. The question to ask ourselves is: "does it work to the best advantage of all concerned?" The health and social agencies in the community must decide on the most efficient way to assist families to self-dependence and maximum health, permitting the worker or agency best fitted to serve in that capacity to carry the service, dependent of course upon the nature of the situation. We can do wonders if we all pull together.

Victorian Order of Nurses for Canada

The following are the staff appointments to, transfers, and resignations from the Victorian Order of Nurses for Canada:

Miss Marjorie Ashie, a graduate of the Nicholls Hospital, Peterborough, and of the course in public health nursing, University of Western Ontario, has been appointed nurse-in-charge of the Burlington Branch.

Miss Agnes Thomson, a graduate of St. Joseph's Hospital, London, and of the course in public health nursing, University of Western Ontario, has been appointed to the Hamilton staff.

Miss Georgina Carr has been transferred from the Peninsula Branch as nurse-in-charge to take charge of the branch in Lachine.

Miss Margaret McIntosh has been transferred from the Halifax staff to the Pictou staff.

Miss Blanche Rickard has been transferred from the Brantford staff to the Leamington Branch as nurse-in-charge.

Miss Minnie Jackson has resigned as nurse-in-charge of the Burlington Branch.

Mrs. Julia C. Dougall has resigned from the North York Branch.

GENERAL NURSING

Contributed by the General Nursing Section of the Canadian Nurses Association

A Case of Anthrax

CECILIA KNAGGS

During a period of approximately four years, not a single case of anthrax had been reported in the province of Ontario. On January 5, 1942, a young man 22 years of age and physically strong in appearance was admitted to St. Joseph's Hospital, Toronto. He was employed at a suburban tannery where he had occasion to handle unprocessed hides imported from India; these hides are a favourable source for anthrax bacillus, which may be transmitted to man through even a small scratch or abrasion. Previous to admission, an irritating vesicle had appeared on the upper part of the right shoulder and the patient definitely remembered having rubbed this area to relieve a slight itching sensation. For four days after the irritation was noticed, the condition was considered by the patient and his employer to be of simple origin, and was treated with home remedies. On January 5, the condition of the local area was more severe, and the general condition of the patient became unfavourable. A large bleb-like formation was evident with an encircling area of darkened tissue. The surrounding tissues, as well as those of the upper arm and chest, were markedly swollen. The patient suffered from slight chills but did not complain of intense pain. At this point, and on that date, he called the physician, and was immediately admitted to hospital, as an isolated case. His temperature on admission was 99.2°, his respiration 20, and his pulse 84. A blood culture and a swab from the affected lesion both showed anthrax bacilli to be present.

For the first 24 hours, anti-anthrax serum was administered intravenously every six hours. This serum is obtained from the blood of horses that have been treated with gradually increasing doses of virulent cultures of anthrax bacillus. A dressing of arsenicalis compresses was applied to the lesion and kept constantly moist. By the second day after admission the lesion involved an area of about three and a half square inches and, on January 8, the temperature reached its highest peak, registering 104.2°, respiration 26 and pulse 120. The serum injection was increased to 100 c. c. every six hours followed by an arsenic preparation (Novarsan) with normal saline. The external application was changed to a dressing of sulphathiazole powder. For four days longer this amount of serum was given, at which time a severe reaction developed. Large blotches, with a burning and itching sensation, appeared. These were particularly pronounced on the back, abdo-

men and extremities and were also present on the eyelids. This was treated by an injection of adrenalin 1/1000 given in doses of ½ c. c. every half-hour until the condition improved. Calamine lotion was applied to the skin irritations, and ice packs placed on the eyes.

On January 11, the serum treatment was reduced to 100 c.c. every 12 hours for two doses and the next day the order was further changed to 50 c. c. of serum injection every 12 hours. During the first week, nausea and vomiting occurred frequently and the patient suffered from abdominal cramps with slight dysentery. When these symptoms became evident, the Novarsan was discontinued. The following four days, the treatment consisted only of 50 c.c. of serum every twelve hours. During this time the patient became more comfortable, his digestion was entirely normal, and he ate a full diet heartily. The temperature had gradually fallen to normal. Slight reactions occurred occasionally during the last few days of treatment. A daily blood culture had been taken from the time of admission. Each one, with the exception of the first, was reported negative. Serum extracted from the lesion during the second week, on three different occasions also gave a negative report.

On January 19, the physician pronounced the isolation period to be over. Prior to this, strict isolation technique was a most important factor in the nursing procedures of this case. All dishes, bed linen and everything coming in contact with the patient was autoclaved and discarded dressings were burned. Gowns and gloves were worn by physicians and nurses while in attendance. Coming out of isolation, the patient was given a bichloride bath and all treatments were discontinued. The room he had occupied was thoroughly renovated and the mattress and pillows autoclaved. Five days later the patient was discharged and left the hospital feeling well and gaining strength rapidly. Throughout his illness he had displayed a cheerful and optimistic mood and was entirely co-operative in every respect.

Over a National Hook-up

History was made in more ways than one during the C. N. A. meeting in Montreal. In recognition of the importance of the occasion, the Canadian Broadcasting Corporation graciously invited Grace M. Fairley, President of the Association, to speak on nursing and nurses and, although we have often broadcast from local stations, this is the first time that we have been given the special privilege of a "national hook-up". It was not easy to prepare a two-thousand word script and to find time for rehearsals while the sessions were in progress but, at the appointed hour, Miss Fairley was ushered into the studio and we rushed to the receiving set just in time to hear the deep voice of the announcer introducing "the President of the Canadian Nurses Association who will tell you why Canada needs nurses".

There is no doubt that Miss Fairley is what radio experts call "a natural". She has just enough Scottish accent to give colour to her clear and pleasant voice and she makes you feel that she is speaking to you personally and not "addressing the radio audience." We had asked some of our friends who are not nurses to listen in and to our great joy their reactions were very good. Some of them have daughters who would make excellent nurses and they said that their girls were genuinely interested in what Miss Fairley told them. A few minutes after the broadcast ended, telegrams had already begun to come in from distant parts of the country. Now that the Canadian Nurses Association has made such a successful début, be sure to keep tuned in. Before long we hope to be heard from again.

Homeward Bound

ELIZABETH LYSTER

When arrangements were made for my journey home from Sweden, I left Falun and came to Stockholm. Only one thing was missing — my visa for Russia. The days crawled by and still there was no word from Moscow. Finally, all the bookings had to be cancelled. Then, by a stroke of good luck and with much help I did get my Russian visa, new bookings were made and I began my homeward journey.

From a seat in an orange Douglas plane, I watched Stockholm disappear below and behind me. We gained altitude, and the blue of the Baltic studded with green, changed pattern slowly. Four hours later, the sign flashed on at the end of the cabin "Take your seats — coming down" and down we came, with my inside feeling none too happy. My view of Riga was of housetops, the flying-field, and the Customs House, a cold and comfortless building where we spent an hour while bags were opened and papers examined. Up in the air again, I dozed, to waken and find myself in a world of mist. Staring out anxiously, wondering how we could land, I felt a great relief when, through a break in that enveloping whiteness, I saw a river winding its way through the land below. Suddenly, we came into a world of sunshine again, and there were houses coming nearer and nearer until we circled and came down with a bump on the landing field of the Moscow airport. Whisked away in a car with the Union Jack fluttering from the radiator cap, I made some hasty adjustments to right-handed driving. We drove through the Red Square, much smaller than my imagination had pictured it, with the Kremlin on our right, so very much bigger — its many buildings, palaces and chapels in striking contrast to the rest of modern Moscow. The next day I visited the home of one of the nobility of old Russia, now used as a museum. The exterior is in poor repair and the court-yard, a slovenly ghost of its former self, is a bazaar where the keen-eyed shopper can buy jewels and china, silver and paintings at a price set by the state, remnants from countless broken homes and relinquished with such sorrow.

Everywhere throughout the city were the stations for the "Metro", some bizarre and others extremely good. There was a line of people outside Lenin's tomb, that large, dark red marble structure, so strange against the background of the Kremlin. That line is one of the permanent things in Moscow life for, though it may grow longer or shorter throughout the day, it is always there. Some streets were undergoing repair, and both men and women were steering the ponderous steam rollers. Then, after a hurried drive to the railway station we moved off. Nine days later we would be walking the streets of Vladivostok.

Nine days on a train! No one ever knew what time it really was. It didn't matter. Time was one thing we had plenty of. Did the train crew change their time as we moved further East or did they, like the towns, keep to Moscow time? If we were going by Greenwich mean time, where were we? It didn't matter. We were going steadily and would at last come to Vladivostok. Next to our compartment, was a Norwegian woman and her five-year-old son, whose father had never seem him.

A captain of a Norwegian freighter, he was in the East and they were going to join him somewhere in China. Next to them, in this moving cosmopolitan hotel, were a Polish woman with a beak-like and aristocratic nose, and a Czechoslovakian, who had lived for some years in Belgium and had married a Belgian woman. Further down the train was a Hollander, on his way to the Dutch East Indies; a Swedish girl, on her way back to Hollywood to conduct a school of gymnastics and dancing; a Hungarian archaeologist on his way to China; a German lithographer and book illustrator on his way to New York. The Japanese Ambassador and his wife, their two daughters and his staff, were returning to Tokyo from Moscow. There were Russian families, complete with children; Red Army officers; Russian sailors; a Russian naval doctor; and, of course, an Intourist guide who, like the poor, is always with you while you are in Russia. All these people ate and slept, played cards, cursed or listened to the radio which blared forth all day and far into the night. They walked the platforms of the stations which provided us with ice, food and water. They talked and groused, laughed and grew friendly through Russia, and Siberia, from Moscow to the Japan Sea.

We passed through a land of plains, decked with evergreens and groves of birches, so slender and pale in their newly-awakened loveliness of green. The fifth day, we awoke to a new world of mountains circling a blue lake, their ruggedness still covered deep in snow. In and out of tunnels, we skirted the lake, coming in the afternoon to the foot of hills running riot with wild flowering bushes painted in mauve and purple. Late in the afternoon of the ninth day, the train threaded its way round the hills surrounding Vladivostok and we gazed at the lovely harbour. Two large buses drove us to the city's finest hotel, resplendent in dark red velvet curtains and alive with ghosts of former days. There were refugees from all parts of Europe. A swing band played in the dining room and two solemn youths came up and asked me to dance. Round and round we went wordlessly but in a spirit of mutual friendliness.

At the last moment, Intourist informed us that the boat scheduled to make the trip to Japan was in dry-dock and we would have to go "by freighter". There was nothing to be done about it. Only two boats sailed for Japan each month and bookings were at a premium. On board, we were shown to a large room and, at the doorway, told to remove our shoes. Already, the place seemed full of people but apart from three or four small cabins, this was the only accommodation for the forty-odd adults, one infant and three or four small children. Here we ate, slept, read, and talked for four days. The floor was covered with bamboo matting and divided into three sections by two wooden barricades about a foot high. We staked out claims, raised more barriers with suit-cases, looked around us and decided the only thing to do was to laugh. Never have I seen people take anything better. Fortunately, the sea was calm. We hired blankets, used the cork-chip bricks or a coat for a pillow, grew rather skilful with chop-sticks and passed around private stores of food to eke out the rather sketchy meals served to us on trays by the smiling friendly Japanese cook-boys. Two long stops were made at Korean ports for cargo and for hours I watched, fascinated, the men and women carrying the large round cakes of soy bean, the ox-carts ambling by, the unfamiliar costumes, the graceful easy carriage of the women.

Kobe, Japan

It was with a feeling of unutterable relief that I looked around the large clean room with its bed draped in white mosquito netting in the hotel at Kobe. The five-hour train trip down from the port was spent sitting on an upended suit-case and I was almost too tired and dirty and travel-worn to see the rice paddies slip by or notice the lovely dresses of the Japanese women who flirted their fans in front of their inscrutable faces. Tsuruga, the port at which we finally landed in Japan, will remain in my memory for several reasons. Here it was that I saw two geisha girls sway down the street, their elaborate coiffures (so like the pictures I had seen) in their shining perfection. The clip-clopping of many little wooden sandals filled the air and there was a bevy of small slant-eyed, dutch-bobbed school children in their dark skirts and white middy-blouses.

The week was spent in wandering round the open bazaars, watching the people, signing papers and being fingerprinted (for the third time) for our landing in Honolulu. Kobe is westernized, and only now and then does one catch glimpses of Japan, in the open gutters which serve as a drainage system, the curved tiles of the roofs of some of the houses hidden behind their double doors, the costumes of the people. The staff of the Consulate was none too happy. Anti-British and anti-American feeling had been running rather high and most of the wives and children had been sent off to Australia.

On Board Ship
June 12th, 1941

Today saw us on board the large Japanese liner which was to take us to San Francisco. Many passengers were already aboard, having come up with her from Shanghai, and many more swarmed on at Yokohama three days later. Yokohama is a mixture of East and West, but my few hours in Tokyo left an impression of modern western buildings, wide streets and young trees, grown since the earthquake in 1923. The Imperial Hotel, a lovely rambling place with small courtyards and gardens at unexpected turns, is one of the few buildings which withstood the shock. In Yokohama, I watched the slow, steady pacing of a boatman as he poled his heavy barge along the waterway. Up the narrow decking he went, bent to the line of the heavy pole, straightening and lifting it clear as he turned and came slowly back again to start once more the steady, wearisome pacing.

Hundreds of young Japanese swelled the passenger list when we finally sailed away and thousands packed the docks to bid them farewell. We heard later that this was the last boat which they could take so that they would be back in America in time to claim their citizenship. All were in smart western dress and it seemed incongruous to hear them speak up-to-the-minute "Americanese". I looked searchingly for Fuji but it was hidden in mist and so, according to the saying, I shall not return to Japan.

Honolulu was full of American sailors in their white suits and people in smart clothes. At Waikiki, the water changed its patterning of vivid colours continuously and rolled in to the beach in long steady curves bringing the surfboards in with a rush. The semi-tropical profusion of flowers, flowering trees and bushes, the brilliant sun and the fine, mist-like rain which falls for a few moments without warning from the clear sky, gave me a feeling of unreality. Of the real people of the Island and of their life beyond the mountains, I caught not a glimpse.

Early, in the morning of June 30,

we went on deck to see if we really had arrived and there was San Francisco and the famous bridge. Customs and passport officials were all about us and there was a bustle of good-byes. Later, when I wandered down the street, I wondered why I felt like skipping and jumping, why my feet felt so light, and my head and my heart! Could it be that it was the famous California sunshine? Perhaps it was the sound of everyone around talking English once more? Why did I feel so free? For I did.

Une Visite chez Jeanne Mance en 1672

Claire Godbout, G.M.E.
Infirmière de l'Hôtel-Dieu

Le 6 juin cette année là, les notables de Ville-Marie avaient décidé la construction d'une église paroissiale dédiée à la Dame de l'Ile sous le vocable de Notre-Dame de la Purification. Le lendemain dans l'après-midi, la pupille de Jeanne Mance qui brodait près de la fenêtre ouverte, aperçut M. le Supérieur de St-Sulpice qui sortait du Séminaire, situé un peu en biais de l'autre côté du chemin St. Joseph (rue St-Sulpice). Avec la désinvolture de ses douze ans, la fillette observa rieuse: "Tenez, malgré le beau temps, voilà M. Dollier qui ne fait aujourd'hui ni arpentage, ni exploration; il a mis sa soutane et ses souliers vernis." "Mais c'est ici qu'il vient, Mlle Mance," fait-elle soudain!

En effet, après avoir contourné la maison de M. LeMoyne (coin St-Sulpice et St-Paul) M. Dollier de Casson s'engageait à sa gauche dans la dernière partie du court sentier qui reliait le premier Séminaire (celui de 1661) à l'Hôtel-Dieu dont la chapelle servait d'église paroissiale depuis 1658. Angélique de Sailly l'introduisit dans une chambre où Mlle Mance, assise devant une table de travail, le reçut avec une joie non dissimulée.

La co-fondatrice de Montréal, très digne, l'air toujours grave et résolue, pouvait encore rappeler à son visiteur (premier historien du Montréal) la femme imposante et distinguée qui pendant 20 ans, avait su, en des moments fort difficiles, rallier les esprits et les coeurs français à la cause du lointain Ville-Marie et prendre ici, en temps opportun des décisions héroiques. Aux yeux de sa pupille anxieuse, elle apparaissait vieillie, accablée par la maladie et le chagrin, portant péniblement ses soixante-cinq ans.

Sur la table de merisier aux pieds de chêne, M. de Casson avait posé un plan, simple graphique que Mlle Mance considérait avec une apparente habitude, repoussant instinctivement les deux grands registres ouverts dont l'un portait une paire de lunettes et une montre d'argent, tandis que les yeux du prêtre parcouraient distraitement la table et l'appartement.

Au-dessus de la table, pendait à la cloison, un tableau sur toile de feu M. Olier. Le grand lit voisin était surmonté d'un ciel-de-lit en toile ouvrée, un crucifix d'ivoire monté sur une croix d'ébène lui faisait face; seul objet de luxe, quelque précieux souvenir sans doute? Aux deux autres cloisons étaient accolés "un cabinet façon d'ébène à deux guichets avec un tiroir au-dessous et un dessus . . . une petite armoire de bois de chêne à un battant". L'unique fenêtre était habillée d'un morceau de tapisserie de Bergame; la même tapisserie ornait la cheminée, les deux fauteuils et les deux chaises qui faisaient à l'ameublement disparate un certain aspect d'ensemble. Cinq petits tableaux bordés de cuivre représentant Ste-

Anne, la Ste-Vierge, St-Joseph, St-Jean-Baptiste et St-François de Sales pendaient aux cloisons. Seule note féminine dans ce décor austère: un tout petit miroir suspendu près de la fenêtre. (1)

C'est dans ce décor de piété et de travail que vit l'administratrice de l'Hôtel-Dieu et qu'inlassablement, M. de Casson et Sr Morin, viennent l'entendre raconter la fondation et les premières années de Montréal. L'entreprenant Sulpicien trouvait en elle, non seulement un précieux témoin du passé, mais une judicieuse et ardente alliée de ses projets, parce qu'elle n'avait jamais cessé depuis les trente années d'existence de Montréal, de croire à son développement et à sa grandeur future. N'a-t-elle pas devant elle aujourd'hui même une nouvelle preuve de progrès? Ce tracé qu'elle considère attentivement, c'est le plan des premières rues de Montréal préparé par M. Dollier et M. Bénigne Basset. Son index droit posé dessus, elle suit ce grand chemin nouveau auquel on donnera le nom de Notre-Dame, en l'honneur lui explique-t-on de la Dame de l'Ile. Et cette Croix près du puit Gadois? "C'est là", dit M. Dollier, "la nouvelle d'importance que je viens vous apprendre. L'église paroissiale depuis si longtemps rêvée, est enfin décidée; elle se construira là, tout près de la maison de M. Basset. Plus haut encore, je trace une rue St-Jacques."

"Il convenait", dit Jeanne rayonnante, "de rappeler le souvenir et s'assurer la protection de M. Olier — sans lui, en 1649, la cause du Mont-Réal était perdue".

Vivement intéressée, le doigt rivé au plan, elle suivait maintenant le projet d'est en ouest, nommant les rues transversales au plateau occupé par l'Hôtel-Dieu et la ville, qui, dévalant à leurs extrémités nord et sud, se terminaient à la rivière St-Martin (rue Craig) ou au fleuve à travers la commune (rue des Commissaires), la rue St-Charles, la rue St-Lambert (actuellement St-Laurent), la rue St-Joseph (St-Sulpice) et, exultante: la rue du Calvaire! "Elle rappellera aux plus lointains Montréalais, le geste de foi vainqueur de M. de Maisonneuve". — "Voilà trois ans", dit-elle tristement, "que je n'ai pu aller en pèlerinage à la croix de la montagne."

La rue Notre-Dame se prolongeait à l'ouest jusqu'à la rue St-Pierre que son doigt redescendit jusqu'à la rue St-Paul. De cet endroit la ville habitée se développait en un ruban jusqu'à la rue Bonsecours actuelle et même au peu au delà. La dernière construction au nord-est était un moulin à vent qui servait aussi de défense, il semblait la sentinelle avancée, en faction devant le très humble sanctuaire marial que Marguerite Bourgeoys édifie pièce-à-pièce depuis 1657. Le temps, allié fidèle de ceux qui persévèrent, se montrait ici très exigeant; le modeste appentis de bois servit encore jusqu'en 1675. La chapelle de Bonsecours avait mis 18 ans à se réaliser; elle fut cependant terminée huit ans avant l'église Notre-Dame.

Revenant de nouveau par étapes vers l'ouest, elle nomme encore l'une après l'autre les rues transversales: St-Charles en l'honneur de H. LeMoyne; St-Gabriel, patron de M. Souart, curé de Ville-Marie, l'un des plus actifs artisans de progrès. Aumônier des Soeurs de la Congrégation, il organisa avec Marguerite Bourgeoys les écoles élémentaires de filles et de garçons auxquels il fit lui-même la classe. Mais le doigt de Jeanne Mance s'incruste sur ce coin des rues St-Joseph (St-Sulpice) et St-Paul, où les souvenirs d'un quart de siècle jaillissent vivaces. Insensiblement, son regard se porte vers la fenêtre. Tout près, côté sud de la rue St-Paul, la pauvre école de Marguerite Bourgeoys est là depuis 1648. Le chagrin de la voir s'éloigner lui sera épargné. Quittant la porte d'entrée de l'hôpital, un long sentier oblique vers l'ouest, envahi par de hautes herbes, il descend vers la rivière St-Pierre (canalisée sous la place Youville) qu'il enjambe au moyen d'un pauvre vieux pont. Au delà est une vaste clairière où des manoeuvres s'agitent; les yeux de l'Hospitalière se brouillent de larmes, sa voix tremblante murmure: "Le vieux fort en démolition! Il y a plus d'un demi-siècle, M. de Champlain avait choisi ce site. Trente ans plus tard nous y trouvions une prairie déjà faite et un vieux mur de briques qui croulait. Mieux qu'ailleurs à cause de la clairière et de la rivière qui la bordait, nous étions à l'abri des surprises. Cependant la crue des eaux faillit nous en chasser au bout d'un

an . . . la foi violente de notre Gouverneur nous sauva de la ruine totale . . . pendant les années de terreur de 1651 à 1654, tout Montréal s'y est réfugié. Combien de fois m'arriva-t-il alors de m'arrêter devant une fenêtre ouverte sur la haute-ville, y apercevant mon Hôtel-Dieu abandonné, de prier Dieu qu'Il m'y reconduise comme en 1645 alors que tout conspirait contre sa construction. La Providence est plus prévoyante que nous. J'aurais tort de me plaindre en voyant Montréal sortie de son dangereux berceau."

Reprenant l'itinéraire interrompu, elle ne s'arrête guère à la Place publique côté sud-ouest de la rue St-Paul où s'intensifie la vie sociale; elle a mené, depuis trois ans une vie monacale exigée par sa santé et imposée par ses grands chagrins. Le Séminaire est tout voisin au nord-est; plus loin à l'ouest, c'est la rue St-François-d'Assise (on en a fait la rue St-François-Xavier) M. Dollier n'avait eu garde d'oublier son saint patron. A l'extrême limite, la rue St-Pierre où demeure Pierre Gadois. L'ensemble formait un quadrilatère très allongé; l'Hôtel-Dieu, dont la chapelle servit pendant vingt-cinq ans d'église paroissiale, en occupait le milieu.

En 1672, si l'on excepte le long chemin St-Paul et celui de St-Joseph (rue St-Sulpice) tous deux densément habités, contournant l'Hôtel-Dieu des côtés ouest et sud, aucune rue n'était encore tracée. De nombreux sentiers rayonnaient autour de l'hôpital comme de leur centre, les uns bien battus, les autres envahis par la vigoureuse végétation de juin. Ils racontaient à leur manière l'évolution de cette petite colonie enfin victorieuse de tant de périls. Quelques-uns, ceux que les hautes herbes envahissent, avaient été des routes de salut au temps des Iroquois, presque disparus depuis huit ans; d'autres sont des routes de prière, le sol en est fraîchement remué, elles viennent de St-Sulpice et de toutes les demeures vers la Chapelle et vont de partout vers le modeste appentis de Notre-Dame de Bonsecours. Il y a un tout petit sentier très étroit à travers le bois qui gravit la montagne; d'autres sont les voies de l'amitié: face à l'hôpital, il en est une, toute durcie l'hiver comme l'été, sous les pas fréquents des institutrices et des infirmières de Ville-Marie, la sécurité commune ne les a pas éloignées les unes des autres, ni les tâches précisées. Pour leur ville adolescente elles tissent ensemble l'avenir et luttent pour la préserver des dangers nouveaux; elles prient ensemble pour son progrès.

Vers l'est et vers l'ouest, tout le long de la rue St-Paul, les habitations à double-rang, très rapprochées les unes des autres, racontent une vie d'entr'aide et de cordialité. Faites de bois ou de la pierre du pays, leur aspect modeste s'harmonise bien au paysage. Chacune d'elles, comme les chênes, les ormes et les érables qui les ombragent "comme les fleurettes de toutes couleurs qui émaillent les prairies vertes et leur font une beauté charmante" (Jeanne Mance); comme les deux jolies rivières venant de l'ouest et de l'est ainsi que leurs petits affluents qui descendent de la montagne se jeter avec elles dans le grand fleuve; elles semblent, elles aussi, des accidents naturels du pays. Leur présence ne profane rien; si elles vous narrent une histoire humaine, cette histoire en est une d'adaptation à la "terre de promission". Relativement larges et basses, leurs attaches au sol sont puissantes; plusieurs d'entre elles, encore trouées de meurtrières ou entourées d'une solide clôture de pieux, sont manifestement tenaces contre les dangers prévus. Elles se sont groupées pour vivre à l'ombre du clocher de l'Hôtel-Dieu qui les domine.

"Ainsi", dit Jeanne Mance, "voici venir le jour où l'Hôtel-Dieu cessera d'être le coeur de cette ville? Le grain de sénevé serait-il déjà le grand arbre que nous prédisait le Père Vimont?"

"Le 30 juin, Mademoiselle, nous poserons les premières pierres de l'église de Notre-Dame. Le Gouverneur-Général M. de Courcelles est invité à poser la première; M. l'Intendant Talon et M. Pérot, notre Gouverneur local, le suivront; je poserai la quatrième au nom de notre Supérieur-Général, Seigneur de l'Ile. Je suis venu vous inviter à placer la cinquième. Je sais que chacun dans cette colonie, réclamerait, comme moi qui ai formé ce projet, votre présence à cette cérémonie. Vous la poserez au nom des

fondateurs et des Messieurs et Dames de la Société de Notre-Dame de Montréal dont vous êtes le dernier représentant".

"Que mettrez-vous sur ces pierres?" s'enquit simplement Jeanne Mance.

"Des armoires qui les distingueront entre elles et en suscription 'Au nom du Dieu très bon et très grand et à la Bienheureuse Vierge Marie, sous le titre de la Purification'. Très émue, l'héroine de Ville-Marie, dont se préparait ainsi l'apothéose, ne sut que balbutier: "Je vous remercie de m'associer à votre magnifique projet. Participer à l'édification de l'église de Notre-Dame me cause une des plus grandes joies de mon existence."

Le 30 juin 1672, un an avant sa mort, Jeanne Mance se joignait aux personnages officiels de la colonie en cette solennelle manifestation de foi. Ce fut l'un des derniers gestes dont l'histoire devait nous conserver le souvenir. Mais ses oeuvres sont éloquentes, grâce aux Filles de St-Joseph dont elle avait habilement ménagé la venue. Elles racontent bien mieux que des textes sa foi magnifique et son dévouement à toute épreuve, . . . sa vie qu'elle avait donnée sans réserve à sa nouvelle patrie.

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(1) *Tous ces objets sont décrits dans l'inventaire des biens de Jeanne Mance, fait après sa mort par Bénigne Basset, et transcrit par M. E.-Z. Massicotte.*

Bibliographie: *M.-Claire Daveluy, Jeanne-Mance* (*Montréal*, 1934); *Soeur Mondoux, l'Hôtel-Dieu, premier hôpital de Montréal* (1942) — *Montréal aux premiers jours.* (*Pages des Relations des Jésuites.* 1637-1672).

The R.N.A.N.S. Annual Meeting

The Registered Nurses Association of Nova Scotia held their thirty-third annual meeting at the Cornwallis Inn, Kentville, N.S., on June 5 and 6, 1942, and were guests of the Valley Branch. The meeting was fairly well attended and opened with a most inspiring Invocation by the Reverend G. R. Thompson of the Kentville Anglican Church. Col. B. W. Roscoe, Mayor of Kentville, welcomed the delegates and spoke of the high calling of the profession and also mentioned his pleasure in hearing that the registration fee for the meeting was to be donated to the British Nurses Relief Fund. The president, Miss Jenkins, thanked both Mr. Thompson and Mayor Roscoe and drew our attention to the fact that we are facing a crisis in nursing and asked for the co-operation of all, that the burden might not be too great and that, with unity, we might be able to overcome the many problems with which we are confronted. She then read a message of greeting from the president of the Canadian Nurses Association.

The reports of the registrar-treasurer-corresponding secretary were presented. The paid-up membership at the end of the last fiscal year was 1036. 184 members have joined the Military Nursing Services. 197 members have joined the Association by examination, 27 by reciprocity and 7 by waiver. The Branches all report a very active year. All Branches held the Vesper Service on May 10. The majority report contributions to the British Nurses Relief Fund and several have also contributed to the Queen's Fund. All are supplying teachers for home nursing, and are co-operating with A.R.P. work of some kind.

Rev. Sister Mary Peter, convener of the Hospital and School of Nursing Committee, gave a vivid account of the meeting of the C.N.A. Committee, of which she was a member, with members of the Government in Ottawa, when a Brief was presented by the C.N.A. The highlight of the studies made by the Hospital and School of Nursing Section during the past year, was one on examinations for registration. Sister Mary Peter also urged the superintendents of nurses and instructresses to encourage the student nurses to send in articles to *The Canadian Nurse.* Miss J. Forbes, convener of the Public Health Section, also urged members of the Group to contribute articles to the *Journal* and gave a splendid outline of the work done by the organizations in this Section, all of which have had a very busy year.

The standing and special committees' reports also showed much activity. Rev. Sister Camillus of Lellis gave a splendid report of the Nursing Service Bureau, showing that much time and thought had been given this subject. Sister Mary Peter gave a most interesting outline of the history of nursing in Nova Scotia, gathered from the material she had collected for submission to the Canadian Nurses Association. The legislative convener, Miss Catherine Graham, explained that existing conditions which had changed from the previous year, made it seem inadvisable to proceed with amending the Act and it was decided that no further action would be taken until a more opportune time. Miss Jenkins, convener of the Wartime Nursing Problems Committee, reported that much had been accomplished in the comparatively short time the committee has been in existence. The recruiting sub-committee is concentrating its efforts in a drive for publicity and has arranged for posters to be printed and radio talks to be given immediately. One hundred dollars was voted as a donation to the Red Cross and it was also decided that half the expenses of one delegate from each Branch to the biennial meeting in Montreal, be paid by the Provincial Association and half by the Branch wherever this was possible. An invitation from the Lunenburg County Branch to hold the annual meeting at Bridgewater next year was accepted.

The following officers and conveners were elected: President, Miss Marjorie Jenkins Halifax; first vice-president, Mrs. D. J. Gillis, Sydney Mines; second vice-president, Miss Jane Watkins, Halifax; third vice-president, Miss A. E. Richardson, Kentville; recording secretary, Miss Lillian Grady, Halifax; Hospital & School of Nursing Section, Sister Mary Peter, Antigonish; public health, Miss Jean Forbes, Halifax; general duty section, Miss Miriam Ripley, Halifax; library, Mrs. R. Thorpe, Halifax; legislative Sister Camillus of Lellis, Halifax; Red Cross Emergency, Miss Joyce MacDonald, Halifax; advisory to registrar, Miss Lenta Hall, Halifax; nominating, Mrs. T. W. MacLean, Truro; programme and publication, Miss E. DeEll, Kentville. The members of the Executive were entertained at luncheon by the Valley Branch and the same afternoon, Mrs. Ward, of Ward's Mansion, entertained the members at an afternoon tea at her home on a lovely hill overlooking Kentville and the surrounding country.

A round table conference was held on nursing problems which took the form of a questionnaire which had been drawn up in the few weeks previous, and was led by Sister Camillus of Lellis. Immediately preceding this conference, Miss Jenkins introduced Miss Norena Mackenzie, nursing supervisor, Canadian Red Cross Society, who explained the work of the Red Cross Corps and thanked the Association for the co-operation given her in her work.

Dr. Patterson, President of Acadia University, was the guest speaker at a luncheon meeting and gave a most enlightening address on "Youth and the Changing Times". Miss Jenkins then thanked Mrs. Mack and her committee for the splendid arrangements made for this meeting, and the Valley Branch for their kind hospitality, which will be long remembered with pleasure by the visiting members.

JEAN C. DUNNING,
Registrar.

M.L.I.C. Nursing Service

Miss Simonne Patry (Sacred Heart Hospital, Hull, 1921, and public health nursing course, University of Montreal 1928) recently left the Mount Royal Staff, Montreal, to join the R.C.A.M.C. as Nursing Sister.

Miss Gabrielle Bernier (Saint Michel Archange Hospital, Mastai, Quebec, 1933) recently resumed her duties on the Frontenac Nursing Staff, Montreal. Miss Bernier has just completed the public health nursing course at the School of Nursing, University of Montreal.

Miss Azilda Brochu (Notre Dame Hospital, Montreal, 1913) recently retired from the Company's service. Miss Brochu has been on the Frontenac Nursing Staff.

STUDENT NURSES PAGE

Pathological Conditions of the Breast

KATHLEEN SLEIGH

Student Nurse

School of Nursing, Vancouver General Hospital

The female breasts are compound exocrine glands divided by connective tissue into twenty or more lobes which open into the nipple. They contain much fatty tissue and are liberally supplied with blood by the thoracic branches of the axillary, internal mammary and intercostal arteries. The lymphatic system is extensive and its branches drain into the axillary, supraclavicular, and subclavicular regions; this is very important, as cancer of the breast is spread by these routes, and the location of the cancer in the breast directs the surgeon in his search for involved lymph glands. At puberty the mammary glands enlarge due to the increased development of the connective tissue and fat. This development is closely associated with ovarian function, especially with the secretion of oestrin. Development of the glandular tissue concerned with the secretion of milk does not take place until pregnancy occurs.

The breast is closely associated with the female reproductive organs, and is therefore considered in gynaecology. Its function is to secrete milk to nourish the infant during the months following birth. There are numerous pathological conditions of the breast: Acute mastitis is a condition where all the signs and symptoms of inflammation are present, resulting either from a cracked nipple or an obstruction to one of the milk ducts. Chronic mastitis occurs in young women, often due to trauma. It usually affects one breast, and is painful at menstruation. Tuberculosis of the breast may appear as a complication of tuberculosis of the chest wall. Cysts of the breast are common and require consideration, because any swelling of the breast should be treated with suspicion. Benign tumours of the breast are said to grow from small portions of connective tissue during the development of the organ at puberty. They usually appear before the age of 30 as solid, oval or round masses, slow growing with no lymphatic involvement and no general constitutional symptoms. Cancer of the breast is considered the second most common type of cancer in women, the first being cancer of the cervix.

The following are three patients, treated for tumour of the breast during my training in the gynaecology department, who were admitted during a period of ten days. The first was a young woman of 35, with a tumour of the right breast. Seven years previously she discovered a small mass in her right breast, which was removed six years later. The present mass was discovered three months ago. Both masses were dis-

covered while bathing. The symptoms in each instance were a freely moving swelling and absence of pain. The treatment was removal for biopsy. The following is the pathological report: "On section through the two tumour masses, a typical fibro-adenomatous type of structure of both the intra-and peri-canalicular type was found. No evidence of malignancy was present." The second case was a woman of 44 with a tumour of the left breast. Ten days previous to her admission, she discovered the swelling while drying herself after a bath. It was in the lower portion of the breast, so low that the patient thought it was a tumour on the chest wall. The symptoms were no pain and a freely movable mass. The treatment was radical breast amputation. The pathological report indicated simple carcinoma of the left breast. In the acompanying axillary fat, three or four very slightly enlarged but not grossly involved lymph glands were found. The third case was a woman of 52 with a tumour of the right breast. The mass was discovered three days previous to admission. After she had done some spring cleaning her right arm and breast became very tender and stiff. To relieve this condition, she applied liniment and located the mass. The symptoms were absence of pain and a tumour the size of a silver dollar, firmly attached to surrounding tissue in the upper portion of breast. She had a radical amputation of the right breast. The pathological report indicated a definite carcinomatous process, characterized by many fine cords and nests of epithelial cells. There was an abundant lymphatic infiltration. In the accompanying axillary glands no metastasis was discovered.

The early signs and symptoms of cancer are: the onset insidious; discovery may be quite accidental and discovered while bathing; no pain or discharge from the nipple; no attachment to skin to cause dimpling; no change in nipple—no inversion; no nodes palpable in axilla; appears similar to benign adenoma. The later signs and symptoms are: characteristic dimpling over tumour; retraction of nipple, with or without blood discharge; hard lumps palpable in axilla; orange peel tinge to skin; discolouration of skin and ulceration; metastasis to chest, spine and liver.

The usual treatment for cancer of the breast is biopsy for diagnosis, then surgery. If surgery would be to no avail, x-ray and radium therapy are used. Surgical treatment includes the dissection and removal of all lymph channels which drain the area and, in addition to the breast itself, the muscles of the chest wall are removed. A simple mastectomy is the excision of the tumour, while a radical mastectomy entails the removal of the lymphatics and muscle. After a simple mastectomy, some doctors will have their patients undergo a course of x-ray therapy.

In the post-operative nursing care we were alert to detect any of the following complications: lung complications such as pneumonia, due to the limitations of chest movement; hemorrhage, due to strain on arteries after extensive surgery; infection of the wound; edema of the arm, due to surgical interference of the lymph circulation; gangrene of the skin, due to the interference of the blood supply, and the tension of the skin.

The symptoms of these three patients brought the following facts to our attention: the importance of biopsy of tumour for diagnosis; the symptoms of benign and malignant growths are very similar; the absence of pain in carcinoma. The health teaching that should be given to all women is that the breasts should be washed without a wash cloth so as to detect any swellings. Any abnormality in the breast should be reported to the doctor immediately.

In-Service Education

SISTER DENISE LEFEBVRE, S.G.M.

In a war-stricken world, at a very critical moment, can we speak of progress? It seems a contradiction unless we direct our interests towards improving the present situation of a humanity crushed under heavy trials. If it is true that all the sciences and arts more or less subserve the purpose of man, we may certainly affirm that nursing does so to a greater degree because of its close association with human suffering. Let us keep in mind, therefore, that those who lavishly give their time and energy to such a noble calling have a great role to play at a time when sorrow outweighs joy in this shadowy vale of tears. Since nothing human is foreign to the interests of the nurse, it might be opportune to turn our attention to the advancement and betterment of the nursing profession in order to live up to its highest requirements.

Every nurse-educator must have been interested in reading *Notes from the National Office* in the November issue of *The Canadian Nurse*. The recommendations voted upon by the directors of the University Schools of Nursing and the Canadian Nurses Association Executive Committee are worth noting. After taking cognizance of each item, a little self-examination must have followed. If some of the recommendations have left us somewhat humbled, others were a stimulus and an encouragement in the path we had already begun to tread. This last statement gives the reason for the writing of this article which will be devoted to an experiment actually carried on in our Catholic Hospitals for the improvement of in-service education.

The fourth recommendation states: "that in-service education be extended and enriched. One suggestion is that a visiting instructor be made available to improve clinical teaching of inexperienced head nurses and instructors." At first this may appear difficult but it is not impossible of realization. In a religious community devoted to works of charity, it is easy to find persons specialized in almost every field, and experiments done in one group oftentimes are a source of suggestions for another. A number of years ago our teaching Sisters, who are kept busy from morn till night every day of the year, felt the need of special studies during the summer vacation. This was accorded them and every year the whole group of teachers became students again, for a few weeks, receiving courses and sharing their personal experience. The experiment was indeed successful, and our Superiors thought something similar could be organized for the hospital personnel, either during the summer months or on Saturdays.

During the last three years, courses in ward administration and supervision, clinical teaching, mental hygiene, sociology, and philosophy were offered by the Institut Marguerite d'Youville to our Sisters and to various groups of religious and lay nurses from the many French Hospitals in Montreal. Two years ago, our nurses from the western provinces, envying such an opportunity, asked for it. That was granted them when for the first time one of the instructors from the same Institut went to Saint Boniface, Manitoba, to offer a six weeks course in clinical teaching to thirty sisters, some coming from as far as Saskatoon, Edmonton and Re-

gina. The enthusiastic group was so appreciative of the instruction received that the following year the authorities of the Hospital requested courses in hospital administration, ward supervision and mental hygiene.

The Sisters and nurses who took the courses have always shown themselves very grateful. This has been an encouragement to greater effort in an endeavour to help head nurses and supervisors perform with more satisfaction their numerous and exacting duties. Let us keep our professional standards as high as we can, even if difficulties are great.

How to Maintain Standards

In the staffing of a nursing service and in the maintaining of standards of nursing care it is desired to point out:

1. That more nursing time will be needed if emergency conditions become such that hospitals are pressed for beds, the stay of patients in hospitals shortened and their illness more acute.

2. That supervision should be increased to safeguard the nursing care of the patient and the education of the student if the graduate staff is reduced to meet military needs and the student nursing group increased.

3. That supervision of the non-professional workers should be expanded whenever the professional nursing staff is reduced and the non-professional group increased. This applies to the paid workers and also to volunteer nurses' aides.

4. That economy should be practiced in the use of nursing time by simplifying nursing procedures and by allocating to non-professional workers non-nursing duties.

5. That economy should be practiced in the use of nursing time by reserving the services of private duty nurses for acutely ill patients, for those who require special treatments, and for patients in situations where the limited amount of nursing service available makes it necessary for private duty nurses to be employed. Group nursing is indicated where it would amply provide for the nursing needs of private patients.

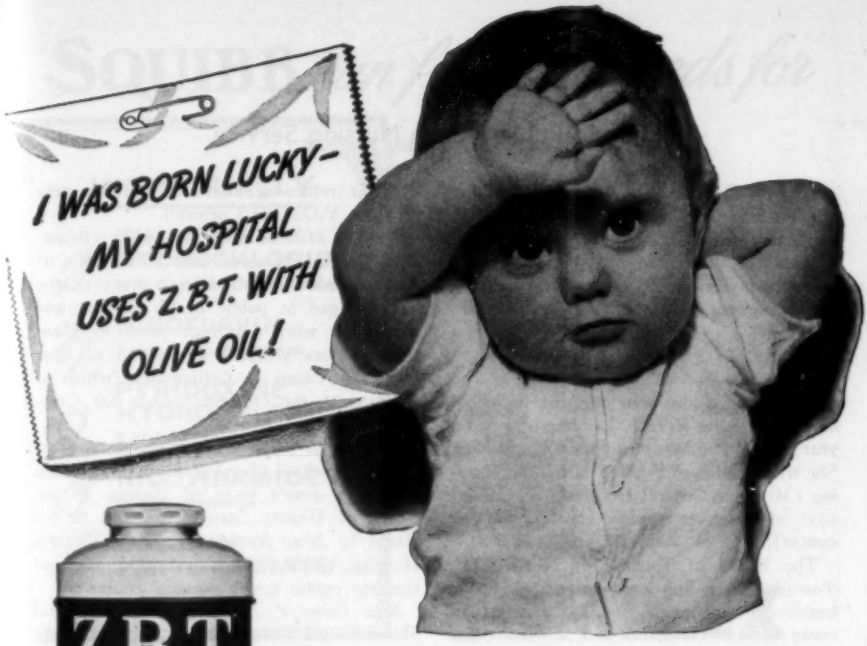
6. That economy should be practiced in the use of nursing time by curtailing, as far as is consistent with the good care of patients, the attendance of nurses at medical rounds and their participation in medical education activities; by reducing medical research that requires nursing time to those investigations carried on in the interest of national defense; by controlling lost nursing time through careful scheduling of operations and clinics and medical orders.

7. That every effort should be made to hold the essential administrative and teaching staff such as instructors, supervisors, and head nurses; to select well-qualified applicants for schools of nursing; to maintain recognized good standards in schools of nursing.

8. That every effort should be made to maintain strong in-service education and training programs for both the professional and non-professional groups and to encourage extra-mural study for the professional staff.

9. That every effort should be made to maintain good conditions of service such as reasonable working hours, regular vacations, good living conditions, and good food so that maximum efficiency of service may be assured. All nursing service personnel should realize the importance of assuming, as a national defense measure, the responsibility for the maintenance of their own individual health.

—*National Nursing Council for War Service (U.S.A.)*



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Ontario Public Health Nursing Service

Miss M. E. MacIlveen (Victoria Hospital, London. and University of Western Ontario public health nursing course) has resigned as public health nurse for Wallaceburg to accept the position of supervisor of public health nursing with the Board of Health, Kingston.

Miss A. C. Alexander (Toronto General Hospital and School Nursing course), who for some time has been engaged in school nursing in Long Branch, has been granted a year's leave of absence to pursue her studies. She will be relieved by *Mrs. Muriel L. Harding* (Montreal General Hospital and University of Toronto public health nursing course).

The Board of Health for North York Township has appointed a second public health nurse. *Miss Marion Thompson* (Toronto General Hospital and University of Toronto public health nursing course) has resigned from the staff of the United Counties Health Unit to accept this position.

Mrs. Beverly Rogers Howard (Toronto General Hospital and University of Toronto combined course) has joined the staff of the United Counties Health Unit, and *Miss Margaret MacLachlan* (Toronto General Hospital and University of Toronto combined course), a former member of this staff, is returning after serving one year with the V.O.N. in Cornwall.

Mrs. H. Mildred Ronald Gehman (Brantford General Hospital and University of Toronto public health nursing course), who was engaged in public health nursing and missionary work for four years in Manchuokuo, has accepted a position at Blue Mountain Camp at Collingwood which is operated by the Ontario Society for Crippled Children.

Miss Lottie Siegrist (Sarnia General Hospital and School Nursing course) has been granted a year's leave of absence by the Board of Health, Sarnia; she will be replaced by *Miss Roxina Brandon* (Victoria Hospital, London, and University of Western Ontario public health nursing course).

Miss Isobel F. Deeth (Hamilton General Hospital and University of Toronto public health nursing course) has resigned from the Hamilton Department of Health to accept a position with the Hespeler District Nursing Association.

Mrs. Pearle Allison (Victoria Hospital, London, and University of Western Ontario public health nursing course) has resigned from the London Board of Health and is now on the staff of the Toronto Hospital, Weston.

O.N.S.A. News Letter

The eighth biennial meeting of the Overseas Nursing Sisters Association of Canada was held in the Windsor Hotel, Montreal, on Wednesday, June 24, following a luncheon arranged by the Montreal Unit. This was the first meeting to be held in Montreal since 1929 when the Association was organized. Forty-seven Montreal members and twenty-five out-of-town members attended. Mrs. Stuart Ramsay, who was the first president of "the All-Canada", was again present.

Out-of-town guests included Miss Elizabeth Smellie, C.B.E., R.R.C., LL.D., Matron-in-Chief in Canada, R.C.A.M.C.; Miss Edith Rayside, Lancaster, Ont.; Matron Nell Enright, R.C.A.F., Dartmouth, N.S.; Matron Christine Crawford, Rideau Military Hospital, Ottawa; Matron Sara Roberts, Chorley Park, Toronto; Miss E. Gray, Victoria, B.C.; Miss M. E. Morrison, Victoria, B.C.; Miss Margaret Duffield, Vancouver, B.C.; Mrs. H. C. Ironsides, Calgary, Alta.; Miss Mary Bliss, Galt, Ont.; Miss Della Berrill, London, Ont.; Miss Hilda Stewart,

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London, Ont.; Miss Buchanan, Niagara Falls, Ont.; Miss Ethel Cryderman, Toronto, Ont.; Miss Isobel McEwan, Toronto, Ont.; Miss P. Morrison, Toronto, Ont.; Miss G. Ross, Toronto, Ont.; Mrs. Perry Evans, Prescott, Ont.; Miss Blanche Anderson, Ottawa; Miss Gertrude Halpenny, Ottawa; Miss Schayer, Ottawa; Miss G. A. Archard, Halifax, N.S.; Miss B. Gregory, Saint John, N.B.; Miss M. Barnhill, Fairview, N.B.; Miss Dobson, (Imperials). Telegrams of good wishes were read from Miss Margaret Macdonald and Miss Emma Pense.

All present were gratified that during the last few months three of our members have received special recognition. Miss Smellie was awarded an honorary degree of Doctor of Laws by the University of Western Ontario, the first woman to be so recognized by that University. Miss E. Frances Upton of Montreal, and Miss Eleanor McPhedran of Calgary were both awarded the Mary Agnes Snively medal by the Canadian Nurses Association in recognition of their services to the nursing profession.

A review of the activities of the Units for the last two years showed how much the Sisters are contributing in time and work. In addition, the sum of £600 sterling has been sent to aid the British Civilian Nurses with another £200 to be sent at once. Fifteen of our seventeen Units have contributed and the presidents of the other two Units have sent in personal subscriptions. The affiliation with the Canadian Legion of the B.E.S.L. is still to be completed. The Constitution revision was accepted with one or two minor changes. The material for the chapter on Military Nursing for the History of Nursing in Canada is being completed.

The 1944 meeting will be in Winnipeg where the new officers will shortly be appointed. The outgoing Executive extends to the new Executive their best wishes for the next two years and to all Units congratulations on the work accomplished. It is hoped that the spirit of co-operation between the Units will grow as only through united efforts can best results be obtained.

F. MUNROE,
Retiring President.

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General Duty Nurses and **Private Duty Nurses** are wanted for duty at the **King Edward VII Memorial Hospital** in **Bermuda.** All applicants must be Registered Nurses, and all information may be obtained from:

The Matron, King Edward VII Memorial Hospital, Bermuda.

WANTED

Applications are invited for the position of **Class Room Instructress** for a 100-bed Hospital. Apply, giving qualifications, experience, and salary expected, to:

The Superintendent, General Hospital, Dauphin, Manitoba.

WANTED

Applications are invited from Registered Nurses for **General Duty** in a **Tuberculosis Sanitorium** of 650 beds. The salary, to start, is $65.00 a month, with full maintenance. Address applications to:

Miss Alberta Bell, Superintendent of Nurses, Toronto Hospital, Weston, Ont.

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Applications are invited for the position of **Instructor,** with experience, for a School of Nursing in a 228-bed General Hospital in North Western Ontario. Address applications to:

Miss Olive Waterman, Superintendent of Nurses, McKellar General Hospital, Fort William, Ont.

WANTED

Applications are invited for the position of **Instructress of Nurses** for the Medicine Hat General Hospital Training School. This hospital has a capacity of 140 beds. Please apply, stating experience, age, and salary expected, to:

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NEWS NOTES

ALBERTA

CALGARY:

At a delightful social function arranged under the auspices of the Alberta Association of Registered Nurses the award of the Mary Agnes Snively medal was made to Miss Eleanor McPhedran by Miss Grace Fairley, president of the Canadian Nurses Association. This event took place at the home of Mrs. J. N. Gunn. In presenting the medal to Miss McPhedran Miss Fairley said: "This is a happy occasion for it is women of your calibre who have worked and developed the profession as it is today and who are recipients of the medals".

Miss Rae Chittick, president of the Alberta Association of Registered Nurses, introduced Miss Fairley, who was also a recipient of the award. Miss Chittick paid tribute to the spade work done by Calgary's veteran nurse in the forming of the provincial organization, and said the national body had chosen wisely in conferring this honour on Miss McPhedran. She also read many letters of congratulations, one of which was from the School of Nursing of the New York Hospital from which Miss McPhedran had graduated.

Mrs. W. A. Lincoln, Mrs. A. H. Baker, Miss Marion Lavell, and Miss Ann Heibert presided at the tea table. Assisting in serving the 150 guests were Miss May Dean-Freeman, Miss Helen Garfield, Nursing Sister Nettie Garfield, Miss Dorothy Burwash, Miss D. M. Gammon, Mrs. T. L. O'Keefe, Miss H. Whale, Miss Jeannette Gunne, Miss Ruth Taylor, and Miss V. O'Dell. Mrs. R. G. Straker invited the guests into the tea room. Miss Kathleen Connor was the convenor.

BRITISH COLUMBIA

PRINCE RUPERT:

The monthly meeting of the Prince Rupert Chapter, R.N.A.B.C. was held recently when the following officers were elected to replace the former executive, all of whom have left the city: president, Miss E. Graham; vice-president, Mrs. A. H. Brooks; secretary, Mrs. D. Bretzen; treasurer, Mrs. E. MacKay. Miss E. D. Priestly, past president, who was responsible for organizing our chapter last year, was recently transferred to the Chilliwack Public Health Service. Miss Priestly pioneered as public health nurse in this city and paved the way for the public health unit which is now established here. We feel that her transfer is a loss to the community but we are pleased to welcome the new health unit nurses — Miss Eleanor Graham, from Duncan Health Cen-

tre, and Miss Beth Ochs, from the Abbotsford Public Health Unit.

Most of our nurses have taken St. John Ambulance first aid courses, and frequent practices have been held at the various first aid posts throughout the city. All posts are adequately staffed by volunteer graduate nurses. A gratifying number of married nurses have enrolled for a refresher course in nursing to be given by qualified nursing school instructors.

ROSSLAND:

The Rossland Nurses Association meets twice a month, once for routine business and program, and once a month to make Red Cross surgical dressings. The annual meeting was a dinner meeting with the local doctors as guests. Two members attended the Trail Chapter's annual dinner. The association has appointed representatives on the executives of the Local Community Chest, A.R.P., and Red Cross Committees. A.R.P. classes have been attended by members in groups. The St. John Ambulance executive were assisted in their home nursing classes, while the Red Cross home nursing classes have been in charge of Mrs. Mary Lonsbury, assisted by other members of the association. Two members have left for military service — Miss Jean Allison is now in South Africa and Miss Babe McDonald is at the Coast.

Miss Flora McLean represented the West Kootenay District at the C.N.A. general meeting in Montreal.

OCEAN FALLS:

A Graduate Nurses Association has been formed at Ocean Falls, consisting of 21 members of which the following are on the executive: honourary president, Miss F. Evans; president, Mrs. Morley Patterson; vice-president, Miss Paula Gansner; secretary-treasurer, Miss Hazel Merritt; program convener, Miss M. Patterson; social convener, Mrs. Petrie.

Two meetings have been held and the programs were given over to the doctors who spoke on the newer trends of medical care. These talks were greatly enjoyed as some of the members had been away from active nursing for some years.

VANCOUVER:

Vancouver General Hospital:

The Vancouver General Hospital Alumnae Association recently held a most successful garden party at the home of Mrs. B. W. Fleck. The weather man favoured us with a lovely day and the beautiful garden was at its best. The many nurses and their friends showed a keen interest in the various games of chance, home-cooking and tea. The ar-

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rangements were under the able convenership of Mrs. G. E. Gillies and her committee. The proceeds amounted to approximately $300, which was donated to the British Nurses Relief Fund.

MANITOBA

WINNIPEG:

Winnipeg General Hospital:

A dinner was held by twenty-one Winnipeg General Hospital graduates who attended the Canadian Nurses Association convention in Montreal.

Miss Grace Motta (1927), who has recently completed a course in teaching and supervision at the School of Nursing, University of Toronto, has accepted a staff position at the W.G.H. Miss K. Weatherhead (1939) and Miss M. Archer (1940) have recently completed a postgraduate course in teaching and administration at the McGill School for Graduate Nurses. Miss Laura Johnson (1925) is a 1942 graduate of the public health nursing course at the School of Nursing, University of Toronto. Miss Tritt (1940) is a recent graduate in teaching and supervision at the School of Nursing, University of Toronto.

Married: Recently, Miss Marguerite Badger (1940) to Dr. Duncan Kippin.

NOVA SCOTIA

NEW GLASGOW:

Aberdeen Hospital:

The Hon. L. D. Currie, Minister of Mines for Nova Scotia, was the guest speaker at the graduation exercises of the School of Nursing of the Aberdeen Hospital which were held recently. This class was the largest in the history of the Hospital. Mayor Saunders, of Westville, a member of the board of trustees, acted as chairman, and D. C. Miller, president of the medical staff, addressed the graduates. A string quartette, under the direction of Mrs. R. M. Benvie, delighted the audience with selections, and the Rev. M. A. MacMillan, who gave the invocation, led the nurses in repeating the Nightingale pledge. A social hour was later held when the graduates received their friends and relatives. Miss H. Wilson, superintendent of nurses, received the guests, and Miss M. Crossman, superintendent of the Hospital and Miss L. MacEachern, instructress of nurses, assisted in serving. Lunch was served by the graduate staff. The following night the graduation dance was held, when Miss H. Wilson and Miss M. Crossman greeted the guests.

The following marriages have recently taken place: Jean MacDonald (1941) to J. W. H. Sutherland; Edith Sutherland (St. Martha's Hospital, Antigonish, 1934) to Ray Walker.

ONTARIO

District 1

ST. THOMAS:

. The Spring meeting of District 1, R.N.-A.O., was held in St. Thomas on June 6. The executive met at 10 a.m. with Mrs. C. I. Salmon, chairman, presiding, after which a delightful luncheon was served in the nurses residence of the Memorial Hospital. The general meeting opened with the recital of the Lord's Prayer in unison followed by the singing of "O Canada". The report of the secretary-treasurer showed a bank balance of $247.12, plus a hundred dollar bond. Reports of each section were very interesting, showing the keen interest that is being taken in the nursing problems.

An immediate survey of all active and inactive nurses is being made for the Civilian Defence Committee. All nurses married or single, and regardless of whether they are registered nurses or are members of an Alumnae Association in the District, are being asked to get in touch with their district councillor. Dr. W. J. Armstrong gave a very interesting talk on the recent advancement in blood transfusion. A vote of thanks was given to all those taking part. In the afternoon the nurses were guests of the Memorial Hospital Alumnae Association at a delightful tea.

District 1 is justly proud to have Miss Mildred Walker, Chief of the Department of Public Health Nursing in the University of Western Ontario, London, as president of the Registered Nurses Association of Ontario.

A bronze plaque bearing the names of 73 members of the staff of the Ontario Hospital, London, now serving in the armed forces of the Dominion, was unveiled recently by the Lieutenant-Governor of Ontario. The roll of honour contains names of male members of the staff and a number of nurses, many of whom are now overseas, some in Africa.

Districts 2 and 3

BRANTFORD:

Brantford General Hospital:

At the annual meeting of the Brantford General Hospital Alumnae Association the following officers were elected to serve during the coming year: Honourary president, Miss E. M. McKee; president, Mrs. G. A. Grierson; vice-president, Miss H. Cuff; secretary, Miss I. Feely; treasurer, Miss L. Burtch; committee conveners: social: Mrs. G. Thompson, Mrs. L. Sturgeon; flower: Miss N. Yardley, Miss R. Moffat; gift: Miss K. Charnley, Miss V. Buckwell; representative to *The Canadian Nurse* and press, Miss M. Copeland; general nursing section, Miss D. Rashleigh; Red Cross, Miss

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O. Gowman; Local Council of Women: Mrs. G. S. Barber, Mrs. R. Smith, Miss P. Cole.

Nineteen nurses recently received their diplomas at the fifty-fifth annual graduation exercises of the Brantford General Hospital School for Nurses. Mr. Graham K. Stratford, president of the board of governors, acted as chairman, and Lieut.-Colonel George O. Fallis, C.B.E. delivered the address. Miss E. M. McKee, administrator of the B.G.H., led the graduates in the Nightingale pledge. Mr. H. C. Nixon presented the diplomas, and awards were made to the outstanding students. Miss D. H. Arnold, director of the School for Nurses, presented a comprehensive report on the year's activities. A garden party was held on graduation day, and the Alumnae Association entertained the 1942 class at a dinner and dance.

Miss D. Arnold and Miss P. Cole recently attended the biennial meeting of the C.N.A. held in Montreal. Miss H. Cuff graduated recently from the School of Nursing, University of Toronto (teaching and administration) and has joined the staff of the B.G.H. Miss G. Jones also graduated recently from the School of Nursing, University of Toronto (public health) and has joined the Brantford Branch of the V.O.N. Mrs. Beth Claridge (B.G.H.), who is serving with the R.C.A.M.C., has arrived safely in England.

The following marriages have recently taken place: C. MacLean (1936) to William King; M. Duncan (1933) to Lieut. John Howard; J. Scott (1935) to Leigh Hogarth.

District 4

HAMILTON:

Hamilton General Hospital:

Miss Julia Oltsher is at the Hamilton Military Hospital. Miss Francis Fish is doing public health work on Vancouver Island, and Miss Beth Law is doing public health work in Alberta.

The following marriages have recently taken place: Ruth Luckhardt to Harvey Berndt; Amy Beeching to Lieut. Nelson Nix, R.C.A.M.C.; Margaret Gartrell to Robert Burns Cornell.

District 8

School of Nursing, University of Ottawa:

About 200 Ottawa nurses recently availed themselves of opportunities offered by the School of Nursing, University of Ottawa, and attended refresher courses for graduate nurses conducted by the school. The first

course was planned in response to the request of the C.N.A. that inactive nurses prepare themselves to return to active nursing in the case of an emergency. It took the form of a three-day period of lectures and demonstrations by prominent Ottawa physicians and was held at the School of Nursing and the Ottawa General Hospital with which the school is connected. However, the attendance at the first course so far exceeded expectations, that it was decided to repeat the course in the evenings. Accordingly lectures were held three evenings a week for two weeks; a similar course in French was conducted simultaneously. The subjects included pneumonia, newer drugs, treatment of burns, anaesthesia and analgesia in obstetrics, rheumatic fever and cardiac complications, diabetes and the administration of insulin, neurological surgery, thyroid, communicable diseases, and heat therapy in the treatment of venereal disease, eye, ear, nose and throat, hormones, carcinoma, and also demonstrations of newer treatments and reviews of older techniques.

The director and staff of the school are greatly encouraged by the enthusiastic response on the part of the Ottawa nurses.

PRINCE EDWARD ISLAND

CHARLOTTETOWN:

Charlottetown Hospital:

The student nurses of Charlottetown Hospital recently held a farewell party in honour of the 1942 graduating class. "An Interview with Jeanne Mance" was dramatized by the junior class. This outline of Jeanne Mance's life impressed both actors and audience with the importance of this heroic woman "whose part in the drama of Canada's early history", as her biographer states, "was more important than our historians have seemed to realize". An amusing reading, "Rest Cure", was given by Miss Frances MacDonald, and a presentation of nurses manuals to the graduates concluded the program. A social hour followed.

Married: Recently, Miss Ruth Toombs (1937) to Mr. Benedict Callaghan.

SUMMERSIDE:

The graduation exercises of the School of Nursing of the Prince County Hospital were held recently when five graduates received their diplomas and pins. The address was given by Dr. Beer, and a reception and dance followed the exercises.

The National Day of Prayer for Nurses was commemorated by the students and graduates when special services were held in Trinity United Church and St. Paul's Church. National Hospital Day was observed by Prince County Hospital, and many visitors from the town and surrounding districts came to visit the Hospital.

A successful dance was sponsored recently

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by the Alumnae Association, part of the proceeds being donated to the British Nurses Relief Fund.

Miss Vera Allen (1940), Miss Marjorie Bryenton (1941), and Mrs. William Mills (1941) have been appointed to the staff of the Prince County Hospital.

QUEBEC

MONTREAL:

Montreal General Hospital:

At the graduation exercises of the class of 1942, 59 nurses received their medals and diplomas. Dr. Burgess gave the address to the graduates and, on behalf of the Alumnae Association, the president, Miss Catherine Anderson, presented each member with a year's membership to the Association. The winners of the General Proficiency Prizes were Miss E. Glenrose Perkins and Miss Florence Buffett. The Mildred Hope Forbes prizes for the highest aggregate marks throughout the course were awarded to Miss E. V. Dixon and Miss Mary Clarke.

Miss Doris Michie (1933) has resigned from the staff of the Central Division to take charge of the Anson Memorial Hospital at Iroquois Falls, Ont. Previous to her departure a joint tea was given in her honour and that of Miss Picken who was to be married shortly. Both were the recipients of gifts from Miss Holt and the nursing staffs. Miss Anna Christie (1941) has resigned from the staff of the Central Division and plans to attend the McGill School for Graduate Nurses next session. Miss Franckum has severed her connection with the Health Department of the City Hall and is now with the Protestant School Board health service for teachers. Miss Beatrice Adam (1941) has accepted a position on the staff of the Central Division.

The members of the Alumnae Association extend good wishes and congratulations to Miss E. Frances Upton on receiving the Mary Agnes Snively Medal from the Canadian Nurses Association at the Biennial Meeting.

The following marriages of M.G.H. graduates have recently taken place: Jean Picken (1941) to Dr. Guy Danforth; Jean V. Scott to Mr. Harry D. Mount.

The news of the untimely death of Mrs. O. E. Ellis grieved the members of the Alumnae Association of the Montreal General Hospital. For many years Mrs. Ellis lived a busy and useful life in Western Canada nursing her neighbours, some living 40 miles from the nearest doctor. She was present at the birth of 62 babies, without the death of a single mother and without the help of a doctor. She suffered many hardships, travelling on badly drifted roads

in forty below zero weather and on several occasions had to go on horseback to reach a patient when roads were impassable. She was a member of the Hazlet Red Cross and the ladies' aid, and was held in high esteem by the people of the district. About 400 of her neighbours and friends attended the funeral.

Royal Victoria Hospital:

The Alumnae Association of the Royal Victoria Hospital recently entertained for out-of-town members attending the Biennial Convention. Those present were Miss Blanche Anderson, assistant superintendent of nurses, Ottawa Civic Hospital; Miss Mary Bliss, superintendent of nurses, Galt Hospital; Miss Marguerite Bellehouse, Kingston; Miss Constance Brewster, superintendent of nurses, Hamilton General Hospital; Miss Margaret Cogswell, Royal Alexandra Hospital, Edmonton; Miss Frances Macdonald, instructor of nurses, Sydney Hospital; Miss Nora Nagle, instructor of nurses, Sherbrooke Hospital; Miss Lenta Hall, V.O.N. supervisor, Halifax; Miss Edith Moffatt, superintendent of nurses, Brockville Hospital; Miss Kathleen Sanderson, honourary secretary, Canadian Nurses Association, Vancouver; Miss Margaret Pringle, Stanley, N. B.; Matron E. J. Enright, R.C.A.F.; Matron Christine Crawford, R.C.A.M.C.; Nursing Sister Helen Kendall, R.C.A.M.C.; Nursing Sister Janet MacKay, R.C.A.M.C.; Miss Kathleen Hill, St. Stephen, N.B.

Miss Audrey Lamb (1932), who has been in charge of the Red Cross Outpost at Port Carling, has been transferred to Kakabeka Falls, Ont. Nursing Sisters Janet MacKay and Helen Shanks are stationed at Rideau Military Hospital, Ottawa. Miss Mary Dampier (1941) is on the staff of the V.O.N. in Montreal. Mrs. S. Hardcastle (Amy Stoddard, 1921) has been appointed head of the Red Cross Nursing Reserve at Ottawa.

The following marriages have recently taken place: Christine Rogers (1941) to Robert Powrie; Nursing Sister Bessie Anita Depew, R.C.A.M.C. (1932) to Capt. Thomas Gregor Fyshe, R.C.A.M.C.; Nursing Sister Mary Irene Maguire, R.C.A.M.C. (1936) to Major Bertram H. Cragg, R.C.A.M.C.

McGill School for Graduate Nurses:

On June 25, the Alumnae Association of the McGill School for Graduate Nurses entertained at a reception for graduates of the School who were attending the Convention of the Canadian Nurses Association. A large number attended, representing graduates from every Province. The guests were received by Miss M. I. Brady, president of the Alumnae Association, and included Miss

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Elizabeth Smellie, C.B.E., R.R.C., LL.D., Matron-in-Chief, R.C.A.M.C., and Miss Grace M. Fairley, retiring president of the Canadian Nurses Association, and Miss E. Frances Upton who were so fittingly honoured during the convention with the Mary Agnes Snively Medal Award. Those who had not had the opportunity of visiting the School in its present location were very pleased with the new residence. A most enjoyable evening was spent — the happy atmosphere of returning home seemed to prevail. The new Guest Book was signed by a large number of the members.

QUEBEC CITY:

Jeffery Hale's Hospital:

The following members of the graduate staff of Jeffery Hale's Hospital recently attended the biennial convention of the C.N.A. held in Montreal: Miss M. E. Lunam, Miss Weary, Mrs. Seale, Miss Moroni, Miss Archibald, and Miss G. Martin. Miss M. Fischer represented the Alumnae Association at the convention.

Miss I. MacDonald received the prize given by the board of governors for general proficiency at the recent graduation exercises.

SASKATCHEWAN

YORKTON:

A refresher course, sponsored by the Yorkton Voluntary Nursing Service, was held recently at Queen Victoria Hospital for the benefit of inactive nurses wishing to prepare for emergency service. The twelve nurses who registered were greatly interested in the lectures and demonstrations, which included first aid; communicable diseases — encephalitis, poliomyelitis, and influenza; diet in diseases; drugs and solutions; infant care and feeding. Demonstrations were given on practical procedures, Wangensteen suction, new set-up for intravenous infusion, and blood transfusion.

A lecture and demonstration on the set-up for an obstetrical case in the caseroom and in the home was given by Dr. H. A. L. Portnuff, as well as a lecture in chemotherapy on the "Sulfa" drugs. Dr. W. M. Mollard gave an informative lecture on diabetes mellitus, and other lecturers included Dr. S. C. Houston, Dr. P. Potoski, Dr. M. C. Novak, Miss P. Brown, Miss C. Penman, Miss M. Robinson, Mrs. L. Logan, and Mrs. M. Wylie.

Observation on the wards was included for two hours each morning for three days, a group of four nurses attending at one time. As well as the more recent practical procedures, several interesting cases were observed. The doctors obliged readily in re-

lating histories of these cases, treatment, etc. and answered all questions.

The course lasted for one month, classes being arranged for two or three days each week. Already a few of the class have been called upon to help at the hospital during a busy time, and several others have signified their willingness to be called for service in case of emergency.

Queen Victoria Hospital:

At the annual meeting of the Alumnae Association of Queen Victoria Hospital the following officers were elected: Honourary president, Mrs. L. V. Barnes; president, Mrs. J. Young; vice-president, Miss E. Flanagan; secretary, Mrs. T. E. Darroch; treasurer, Mrs. G. Heard; social convener, Mrs. G. Parsons; councillors: Mrs. W. Sharpe, Mrs. F. Kisby, Mrs. J. Parker; representative to *The Canadian Nurse*, Mrs. W. Sharpe.

Reports given by the members of the executive revealed a successful and enjoyable year. Five dollars was donated to the Red Cross, as well as 38 knitted garments and 2,435 dressings; $30 was contributed to the British Nurses Relief Fund; and $5 went to the Empty Stocking Fund. Our annual dinner for the 1942 graduating class was held with 46 nurses of the city and surrounding districts attending.

Miss Phyllis Brown, superintendent of nurses, gave an interesting report on the S.R.N.A. annual convention held at Moose Jaw. A social hour followed.

HUMBOLDT:

The graduation exercises of the School of Nursing of St. Elizabeth Hospital were held recently when nine students received their diplomas and medals. The chairman, Dr. B. W. Hargarten, reviewed briefly the history of the Humboldt Hospital and also the history of the St. Elizabethian Sisters. The guest speaker was the Rt. Rev. Father Abbott Severin Gertken of Muenster. The salutatory and the valedictory were given by Miss Bessie Burwell and Miss Marjorie Lockinger. Musical numbers were included on the program, and a dance, sponsored by the Hospital Ladies Aid, followed the exercises.

The Sisters of St. Elizabeth Hospital recently gave a banquet in honour of the 1942 graduating class. Miss Elma Ploog, president of the Student Nurses Study Club, proposed toasts to the Rev. Mother Superior, Sister Hildegarde, the superintendent of nurses, the graduates, and to the incoming seniors, intermediate nurses, juniors, and the probationers. The student nurses entertained the graduates with a short program which took the form of a "mock graduation". This was followed by a wiener roast.

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. . . OFF . . . DUTY . . .

After all, it is pleasant to seek fresh fields and pastures new . . . and if you were lucky enough to be at the Biennial Meeting in Montreal we are sure you had a good time . . . Even if you weren't there, we hope you will enjoy reading about all the grand doings . . . National conventions are an old story to us . . . but we don't pretend that we don't get a kick out of them . . . Since we never refer to professional problems on this irresponsible page . . . we shall confine our attention to extra-curricular activities . . . We hope that you didn't get so involved in the amendment to the amendment to the amendment . . . that you forgot to take a look at Montreal . . . a city that has a lot to offer to a sympathetic and discerning eye . . . For example, did you see a pair of falcons soaring around the cliffs of the Sun Life Building? . . . This has been their eyrie for several years and this Spring they raised two fine youngsters and, when the building superintendent invaded the privacy of their family life, they started dive-bombing tactics which surprised him considerably . . . There was a piece about this in the Montreal Gazette . . . and even the Toronto papers took it up . . . The general feeling seemed to be that something ought to be done about protecting building superintendents from predatory falcons . . . (or maybe in Montreal it was the other way round) . . . Even if they missed the falcons, we do know that some unregenerate Westerners slipped out of the heavier sessions with a guilty look in the corner of their eye . . . We darkly suspect they were headed for the Chateau de Ramezay . . . or were going to the Jacques Cartier Bridge to watch the St. Lawrence swirling round the great stone piers on its way to the sea . . . One gay couple waved their hands to us from a horse-drawn calèche on its way up Mount Royal . . . and we gazed enviously at others sitting on banquettes in a French restaurant . . . dawdling over their coffee as though they hadn't a care in the world . . . All this was decidedly reprehensible but they can depend on us to mention no names . . . As a matter of fact we think they had the right idea . . . If we had our way, sessions would only be held every other day . . . There would be time to greet old friends and make new ones . . . time to gossip about who had married whom . . . and what became of old Miss So-and-So who used to be such a terror on Ward B . . . Time to look at what is happening in this unintelligible world . . . and to wonder where we are all going . . . and why we are in such a hurry to get there . . . It was probably quite irrelevant, but we were reminded of a conversation between Florence Nightingale and a wise and kindly Indian Rajah . . . She ardently advocated sanitary reforms and the Rajah listened but made no reply . . . Suddenly he said, "Miss Nightingale, do you believe in God?" Her answer is not recorded . . . but we think we know why the Rajah put that searching question . . . and so did Florence Nightingale. —*E. J.*

Official Directory

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